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FREEPOST
SHAPING A HEALTHIER FUTURE CONSULTATION

Monday 8 October 2012

Shaping a Healthier Future for North West London – Response from Harrow Council

We write in response to the consultation conducted by NHS North West London on '*Shaping a Healthier Future'*. We will also be sharing this response with the NW London Joint Health Overview and Scrutiny Committee (JHOSC) that has been established to scrutinise the proposals and of which Harrow is a member. We are clear that this response represents a Harrow Council perspective (on behalf of scrutiny and the Executive) and as such does not preclude any other groups/organisations/individuals from our organisation or the wider local health and social care economy from submitting their own views. We acknowledge that as a JHOSC has been established to consider Shaping a Healthier Future (SaHF), NHS bodies are not obliged to respond to individual scrutiny committees' comments.

Our comments are drawn from consideration of the Pre-Consultation Business Case (PCBC), evidence gathered at the Harrow Health and Social Care Scrutiny Sub-Committee special meeting held on 19 September 2012 and our participation through the NW London JHOSC.

We welcome the opportunity to comment on proposals that will undoubtedly affect the healthcare for Harrow residents and our comments reflect upon both the SaHF proposals and consultation process. The large majority of Harrow residents use acute services at Northwick Park Hospital and to a lesser extent Central Middlesex Hospital (as part of the same trust - NW London Hospitals Trust). As part of all the options put forward for consultation, Northwick Park Hospital retains its services as a major hospital and Central Middlesex Hospital becomes a local hospital and elective care centre. We note the current plans to merge NW London Hospitals Trust and Ealing Hospital Trust and therefore the option to downgrade Ealing Hospital to a local hospital will also have ramifications for Harrow's local hospital trust.

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SHAPING A HEALTHIER FUTURE - CONSULTATION PROCESS

Harrow scrutiny held a special meeting of its Health and Social Care Scrutiny Sub-Committee on 19 September to discuss the impact of the SaHF proposals in Harrow and the consultation to date[1]. The meeting was attended by:

- Dr Mike Anderson – Medical Director, Chelsea & Westminster Hospital (on behalf of the SaHF programme)
- Tina Benson – Director of Operations, North West London Hospitals Trust
- Marcel Berenblut – Head of Communications, NHS Brent & Harrow
- Dr Amol Kelshiker – Chair, Harrow Clinical Commissioning Group
- Julian Maw – Chair, Harrow Local Involvement Network
- David McVittie – Chief Executive, North West London Hospitals Trust
- Paul Najsarek – Corporate Director, Community Health & Wellbeing, Harrow Council
- Javina Sehgal – Borough Director, NHS Brent & Harrow

We extend our thanks to those colleagues who attended the meeting and contributed to the discussions which we found extremely valuable.

On the consultation processes adopted by the SAHF programme, we appreciate the various means that have been employed to reach out to residents within each borough, for example roadshows, attendance at public meetings, inserts into local newspapers, summary documents in key community venues, as well as online access to the consultation. These are especially important given the complex messages that the programme is aiming to achieve public understanding of. However we also note that consulting over the summer period on changes as substantial as these is never ideal especially given the uniquely busy summer London has experienced in 2012. We hope that extending the consultation period to 14 weeks enabled the programme to achieve a large response rate from across all the boroughs affected by the proposals. We have yet to see confirmation of attendance figures for each consultation event, including online hits/responses, and would ask for this when available.

SHAPING A HEALTHIER FUTURE – MAIN ISSUES FOR HARROW RELATING TO PROPOSALS FOR CHANGE

We wish to highlight the following points on the SaHF programme to NHS NW London for consideration as part of its consultation. These points are drawn from consideration of the Pre-Consultation Business Case (PCBC), evidence gathered at the Harrow Health and Social Care Scrutiny Sub-Committee special meeting held on 19 September 2012 and our participation through the NW London JHOSC.

The main issues for Harrow relate to:

- **Implementation of the out of hospital strategy**
- **Poor patient satisfaction with primary care in Harrow**

[1] The minutes to this meeting can be found at:
http://www.harrow.gov.uk/www2/ieListDocuments.aspx?CId=1037&MId=61335

- **Capacity and infrastructure at Northwick Park Hospital**
- **Travel, transport and access issues for Northwick Park Hospital**
- **Workforce issues in the short and medium term**
- **Financial position of NW London Hospitals Trust**
- **Long term feasibility of proposed changes**
- **Communicating with the public**

Implementation of the out of hospital strategy

The out of hospital strategy will be the foundation to ensuring changes in acute services succeed – the need to transform primary, community and social care because of current variations in quality and access will include needing to ensure that the capacity and capability exists within the services to operate 24/7 at a high level and this includes implications for social care services. The delivery of the out of hospital transformation underlies the implementation of each option as it delivers a reduction in acute activity and delivers efficiencies and productivity improvements and thereby creates additional capacity in receiving major hospital sites.

We have heard from colleagues in our local NHS as well as through our work on the JHOSC that one of the biggest risks of the proposed service reconfiguration is if it did not happen or was implemented 'half-heartedly'. Our CCG has told us that major issues for Harrow in primary care concern access to GPs and timely diagnostics and the avoidance of unnecessary hospital admissions. We also know from talking to our residents that health services need to change – current services are too often inconsistent in their levels of quality and accessibility, health inequalities are exacerbated and the financial position of local health trusts (NW London Hospitals Trust and NHS Harrow) is simply unsustainable. This all also impacts greatly on the provision of social care within the borough.

We do ask that health partners consider how they will deal with situations where the out of hospital strategy does not work or does not deliver fewer people to acute services. It is better to consider the risks as early on in the process as possible. There will inevitably be risks to health and social care in Harrow if the out of hospital strategy does not deliver its intended outcomes and for this reason we ask that partners engage in the co-design of services and consider issues around the financial flow between the health and social care sectors. We are pleased that community services are being developed in advance of any changes to hospital services.

Social care is central to the success of the out of hospital strategy and therefore it must be ensured that social care colleagues are engaged throughout the process. The local authority views the vision of the out of hospital strategy very positively and has had engagement with GPs from early on in the process, with the integrated care pilot serving as an example where health and social care have worked together to deliver the personalisation agenda in the borough and employed a bottom up approach to do so. As we move forward the test will be whether health and social care can design more services for the future together.

We welcome the local investment in primary and community services - £17-19m over the next three years – and the premise that the funding should follow the patient and

a pathway that is care closer to home. A challenge remains however in convincing people that care closer to home is equivalent or better in quality to what they would have received in an acute setting.

The engagement of the CCG with the council, for example through the Health and Wellbeing Board, will be vital in ensuring these plans are successfully implemented, especially given the council's new responsibilities around delivering public health services for the borough from April 2013. Indeed there will be a big need to push the prevention agenda and promote public health as part of the out of hospital strategy.

The out of hospital plans must address the urgent financial situation in Harrow's health and social care organisations as this will undoubtedly impact upon implementation – the short term local financial position must be tackled first and foremost. Indeed we also note that the financial impact of the SaHF proposals on social care is not quantified at all in the PCBC however we stress that this must be addressed as a matter of urgency.

New census data released earlier in the summer provides an updated picture of the demographic drivers for changing health needs in the borough. These need to be considered in the strategies for out of hospital care and acute reconfiguration. Harrow is a borough of rich diversity and the needs of all of its communities – those established and those more transient – must be met in plans for health and social care.

We encourage a thorough review of the implementation of the out of hospital strategy in Harrow before any changes to acute services start in 2016. We suggest that collaborative planning between health and social care partners will yield the best results.

Poor patient satisfaction with primary care in Harrow

There is poor patient satisfaction with primary care in Harrow especially in access to GP appointments and out of hours services. Harrow patients, in the 2010/11 patients' survey, score these with 56.3% and 57.8% satisfaction respectively – both ranking in the bottom 10% nationally. This must be addressed by the out of hospital plans and development of GP provision in the borough.

A recent local review of unscheduled care in Harrow found the peak in people's use of the Urgent Care Centre at Northwick Park Hospital to be between 6pm to 12pm, namely when most GP surgeries have closed yet times better suit patients for appointments. This suggests that GP services need to be open later in the day and perhaps out or hours services need to be available in each GP network cluster.

Capacity and infrastructure at Northwick Park Hospital

We remain concerned about the capacity and infrastructure at Northwick Park Hospital to take on the growth in demand in its services and the additional patient flow. Under each of the options there are significant increases in inpatient and outpatient activity and A&E attendances at Northwick Park Hospital forecast. There

is a need to invest in Northwick Park Hospital's services, workforce and estate to make it best positioned to be able to accommodate a growing number of patients.

Information obtained by the Ealing Hospital SOS Campaign through the Freedom of Information Act gives the number of times hospitals within NW London proposals placed a divert on admissions to their A&E Departments. We can see from this that of the 49 instances between February 2011 (from when this data has been collated centrally) and August 2012, 45 were planned closures by Northwick Park Hospital. None of these resulted in total closure and in most cases patients were diverted to Central Middlesex Hospital (i.e. an internal diversion). To us this highlights the urgent need to significantly invest in the A&E capacity at Northwick Park Hospital, even if the proposals within SaHF are not pursued, especially given that A&E functions at Central Middlesex Hospital are no longer available 24/7. The completion of the £20m redevelopment of Northwick Park Hospital's A&E is welcomed as a matter of urgency.

Travel, transport and access issues for Northwick Park Hospital

Ensuring that the ambulance, private car and public transport journeys are not adversely impacted by the increased patient flow to Northwick Park Hospital is crucial to patients and their visitors. Northwick Park underground station (Metropolitan line) is not a step-free station as it does not have lifts, ramps or escalators at the station. Nearby stations at Harrow on the Hill (Metropolitan line) and Kenton (Bakerloo and Overground lines) also lack step-free access. There may also be travel issues for the staff transferring from other hospital sites to Northwick Park Hospital in terms of getting to/from work each day if travelling to Northwick Park Hospital takes longer or is more difficult than their original place of work.

We learnt at our special meeting of the Health and Social Care Scrutiny Sub-Committee that there are long timeframes associated with and costs incurred to changing bus routes – the SaHF programme should factor these into their plans should there be a need to change bus routes to ensure greater accessibility to Northwick Park Hospital. We also encourage the trust to conduct a disability impact assessment for its site to ensure that all factors regarding accessibility under the new proposals have been given due regard.

Workforce issues in the short and medium term

Many staff will be impacted by the proposed changes for example in staff transferring to different sites, the need to recruit more consultants (paediatrics), and changes to maternity services. This will also impact on those staff at major hospitals who will see their hospitals grow in demand. The proposals have the best chance of succeeding at the implementation stage if the workforce is included in discussions and all staff have been fully involved and engaged in the plans for change. To this end, we ask that the SaHF programme continues to engage with all staff groups on a regular basis and that progress on this is reported back to the Health and Social Care Scrutiny Sub-Committee.

Financial position of NW London Hospitals Trust
Even following its proposed merger with Ealing Hospital, regardless of which option is implemented, NW London Hospitals Trust is forecast to remain in deficit in 2014/15 following the changes because of the financial forecasts for Central Middlesex Hospital. Central Middlesex Hospital will not achieve financial viability and this will impact on the trust's overall position. Furthermore, the trust holds the ambition to become a foundation trust in the near future.

We were told at our special meeting that the SaHf programme is not about saving money in the NW London sector but about spending it more wisely. The programme therefore will not answer the serious challenges posed by the current financial situations faced by acute trusts in the sector, not least NW London Hospitals Trust's rather precarious financial position and long-term viability. We would also seek further clarification around how any monies harnessed from estate reconfigurations will be distributed back into the NHS.

We question what the long term deficit position of the trust will mean for services at the trust's hospitals over the longer-term. Although the PCBC states that all services will stay as they are at Northwick Park Hospital as a result of the SaHF proposals, we seek assurances that this will remain the case over the longer-term and that indeed services will be invested in.

Long term feasibility of proposed changes
The closure of hospital A&Es raises questions about the future of hospitals in the longer term e.g. Central Middlesex Hospital and possibly Ealing Hospital. There is real concern that services will diminish incrementally at hospitals downgraded to local hospital status, as fewer and fewer services stay clinically viable.

We are pleased that it was confirmed at our special meeting that no specialist services would be removed from Northwick Park Hospital.

Communicating with the public
Communications to residents regarding the rationale for changes in acute services and the out of hospital transformation is crucially important. The appropriate use of primary care and Urgent Care Centres (UCC) is highlighted as one area which could benefit from concentrated effort in communicating key messages to the general public, especially the most vulnerable in the community who may use these services the most. A potential challenge for the NHS which we hope will be tackled head-on is public education to ensure that the public access the right facilities at the right time, and that they are aware of what different care settings are most appropriate for.

Educating the public around what an UCC is and when it should be used will be key to the success of the proposals. The '111' telephone number as a single point of access to health and social care could direct the patient to the right place at the right time. It is vital that community leaders such as councillors and health and social care professionals such as GPs and community pharmacists are all assured and consistent in their definition of an UCC and what services it offers to residents. We understand from the PCBC that all UCCs will offer a 24/7 service by definition in

future. There will need to be a shift in the public mindset in that should they have a health problem and cannot get an appointment with their GP immediately that A&E is not necessarily the most appropriate place to go instead. Indeed we were told by a NHS Chief Executive "the problem with A&E is that the lights are on 24 hours a day" and people know that they can access it whenever they want although it may not be the most appropriate setting for care.

It is important that communications are pitched at individual borough level. Whilst recognising that the SaHF programme is a regional programme for NW London the messages and issues for the residents of each borough are very different and communications should reflect this being at local level – thinking through the specific concerns for each borough and their own population needs and getting the messages right accordingly.

Concluding comments

Given that strategic health authorities and PCTs will cease to exist from 1 April 2013, we seek clarity on the routes for holding health decision makers to account as the proposals progress. Our involvement in the NW London JHOSC will continue for its duration and at a more local level our scrutiny committee will continue to monitor progress and champion our residents' concerns.

Should you need any elaboration on the evidence used in our comments, please do not hesitate to contact us through the Scrutiny Unit - details as given on the front page.

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Chair of Harrow Health and Social Care Scrutiny Sub-Committee and Harrow member on the NW London Joint Health Overview and Scrutiny Committee

Councillor Vina Mithani
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