



NHS



health 
for north
east london



Delivering high-quality hospital health services
for the people of north east London

Consultation document
November 2009 – March 2010



Healthcare
for London

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This consultation asks for your views on specific proposals that we believe could provide better healthcare in north east London



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A consultation on the future of hospital healthcare in Barking and Dagenham, City and Hackney, Havering, Newham, Redbridge, Tower Hamlets and Waltham Forest

This consultation is managed by the primary care trusts (PCTs) in north east London:

- NHS Barking and Dagenham
- NHS City and Hackney
- NHS Havering
- NHS Newham
- NHS Redbridge
- NHS Tower Hamlets
- NHS Waltham Forest

They act in partnership with the hospitals in the area:

- Barts and the London NHS Trust
- Barking, Havering and Redbridge University Hospitals NHS Trust
- Homerton University Hospital NHS Foundation Trust
- Newham University Hospital NHS Trust
- Whipps Cross University Hospital NHS Trust

Because these hospitals provide services to many people outside north east London (particularly in Essex), strategic health authorities, primary care trusts and hospitals surrounding the area have been kept informed of the development of the proposals and their views will be taken into account when deciding the future of services.

Barts Hospital provides specialised cardiac and cancer services (and some other services) but not the services being reviewed in this document.

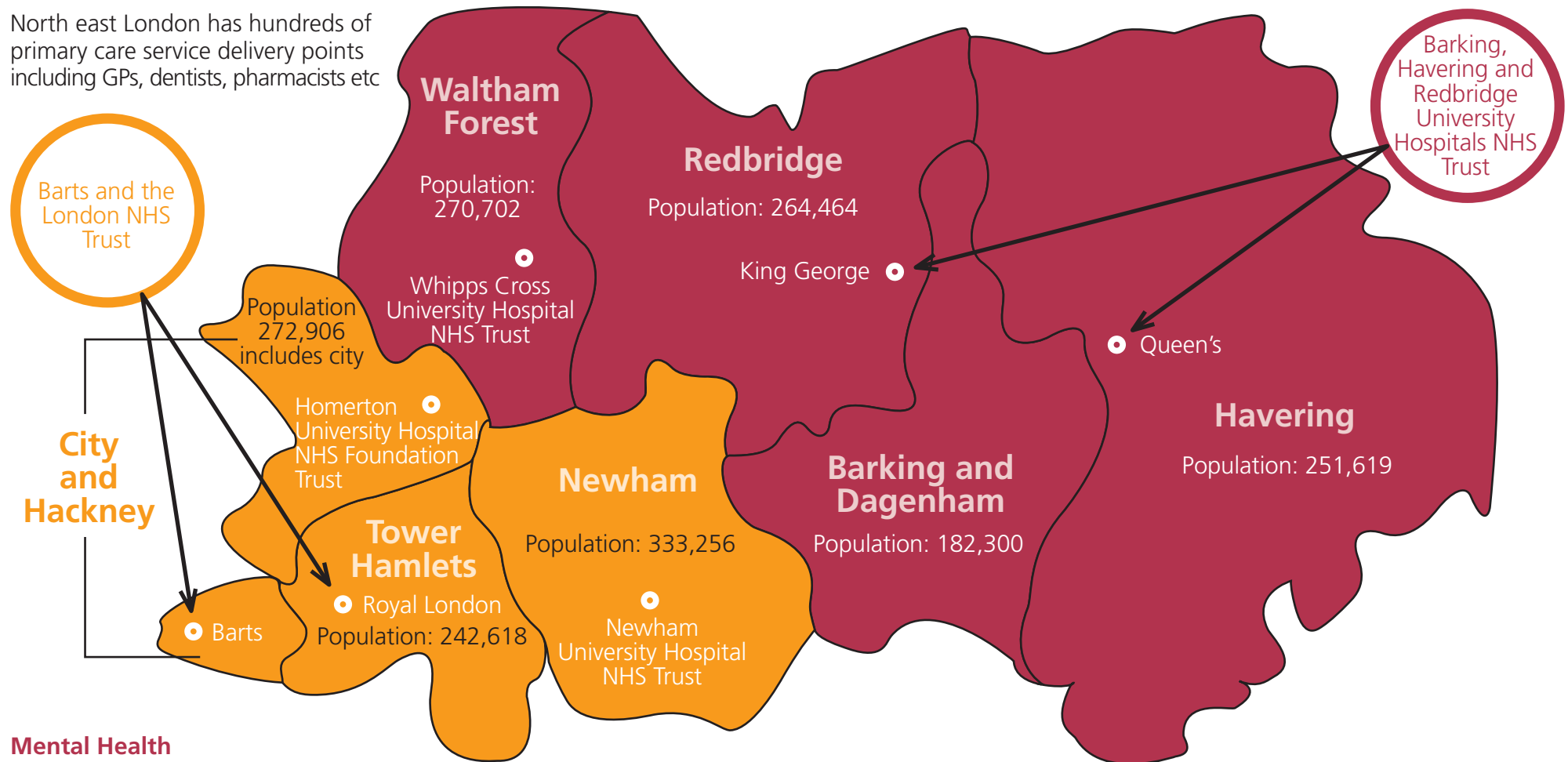
Next steps

Ipsos MORI will publish a report based on the responses to the consultation in the summer of 2010. At a meeting in public a Joint Committee of the Primary Care Trusts will consider all the responses and any other information available (for instance an impact assessment, clinical reports and reports from council Joint Overview and Scrutiny Committees) and decide on the most appropriate way forward.

All comments and questionnaires must be received by 8 March 2010.

North east London – a whole-system approach

North east London has hundreds of primary care service delivery points including GPs, dentists, pharmacists etc



Mental Health

Many of the recommendations of this review will improve facilities for patients using mental health services (such as urgent care services and the proposals for King George Hospital). However, this review did not specifically address these services. Mental health services in the region are provided by East London NHS Foundation Trust (inner north east London) and

North East London NHS Foundation Trust (outer north east London). The trusts regularly work with primary care trusts to consult about their services. For example, a consultation is underway in The City of London and Hackney about proposals to relocate mental health inpatients services, and a consultation about

mental health services for older people is also likely to start soon.

The North East London NHS Foundation Trust has recently consulted on providing inpatient mental health services and the development of a new detox unit, following the planned closure of Mascalls Park.

Transforming hospital services in north east London

The view from the sector chief executives

We want to improve the health of the people of north east London, and we want to make sure people receive high-quality services.

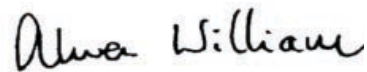
To support those straightforward aims, doctors and other health professionals have looked carefully at health services in north east London over the past months. Now their proposals for change have been put into this document for public discussion.

In the 21st century many health services that were once available only in a hospital can be provided closer to where people live. In the past, people would have to go to hospital for minor surgery, x-rays, blood tests and care for long-term conditions such as diabetes. Increasingly these services will be provided locally, so people don't have to travel to hospital as often.

Each primary care trust in north east London has been investing in and developing plans to provide more care in local communities. The proposals in this document describe how we want to ensure children and adults receive high-quality hospital care, to complement the increasing amount of care now available in health centres, polyclinics, GP surgeries, pharmacies and other local centres.

We believe we should provide more services close to where people live whenever possible – while providing some very specialist services in centres of real expertise. This is so that people needing specialist care receive the best possible support from the right people in the right place at the right time.

This is a public consultation, which means we want to hear public views – and more opinions from staff – on our proposals.



Alwen Williams

Chief Executive of NHS Tower Hamlets and of the East London and the City Alliance of PCTs (City and Hackney, Newham and Tower Hamlets)



Heather O'Meara

Chief Executive of NHS Redbridge and of outer north east London PCTs (Barking and Dagenham, Havering, Redbridge and Waltham Forest)

A clinically led process

The view from the clinical directors

Life expectancy in north east London is low compared to other parts of London and the UK. Many patients are not happy with the quality of services they receive. We must ensure that if people are ill, they get the right services from the best clinical teams. We believe that the proposals for change that are set out in this consultation document will:

- Improve urgent care and A&E services. We want to improve access to primary care-led urgent care services in polyclinics and at the 'front doors' of A&E departments. This will ensure that A&E doctors and nurses can use their skills and training to focus on the most severely ill or injured patients. We want patients arriving at urgent care services or A&E to be assessed by a senior doctor in less than an hour. All patients who are admitted to hospital should be seen quickly by a senior doctor who will take charge of their care.
- Offer women the choice and better quality maternity services that they have told us they would like. This includes the opportunity to give birth at home or in a community midwife-led unit. Women who need a higher level of care will have better and earlier access to consultants and senior clinicians. This will lead to fewer complications at birth.
- Improve services for children and young people. We want to see improved assessment and treatment of children alongside A&Es – provided 24 hours a day, seven days a week. Some children with more complex needs will benefit from better inpatient care at specialist children's wards. We also want to see children's health services more integrated with other services provided closer to home.
- Reduce the number of planned operations that are cancelled at short notice. In 2009, over 1,000 patients in north east London will have their surgery cancelled on the day. Our proposal to separate planned from emergency surgery will help us cut this number by half.

We have worked with many clinicians – doctors and other health professionals – to look at how we can provide the best quality care for our communities. We would like to thank our colleagues for the time, energy and commitment that they have given.



Dr Mike Gill

Medical Director and Consultant Geriatrician
at Newham University Hospital NHS Trust



Dr John Coakley

Medical Director and Consultant in Intensive Care Medicine
at Homerton University Hospital NHS Foundation Trust

The National Clinical Advisory Team (NCAT):

- has acknowledged and supported the excellent work done in agreeing the clinical reasons for change
- is very impressed with the leadership by senior clinicians in the Health for north east London programme and the involvement of staff, and
- supports the plans to restructure services in north east London.

1. Summary

In the last few years health services and patient care in north east London have really improved. The NHS in the area has a highly skilled and dedicated workforce. Patients can take great pride in their NHS. Investment in community services has made high-quality services, previously only available in hospitals, much more accessible. New treatments in hospitals are saving many more lives and enabling patients to return home quicker, and in better health, than before.

However, clinicians have now told us many more changes are necessary if we are to transform hospital services and care for patients. Recruiting and retaining staff is a struggle and we don't always use the skills of our people to the best advantage. The NHS needs to develop networks of care, sharing expertise and ensuring that everyone is treated by the skilled staff that can give them the best chance of recovery.



Celebrating success

Preventing ill health and bringing care closer to people's homes

We know that better services in the community are essential to preventing ill health and helping people live longer and have a better quality of life.

By recruiting more community nurses, therapists and other primary care staff we are:

- helping people stay healthy
- making services more accessible by moving a great many of them out of hospitals into pharmacies, GP surgeries and polyclinics
- providing more facilities in the community – for instance allowing mothers a greater choice of where to have their baby, and
- working with local authorities to bring together health and social care professionals, staff in children's centres, mental health teams and community organisations

These changes, with the introduction of 'one-stop-shop' polyclinics, will provide a better, more joined-up service in which everyone will have access to high-quality services.

You can find examples of the sort of services provided by polyclinics in 'Out-of-hospital care' on page 36.

Hospital care

In hospitals, the number of patients waiting more than 18 weeks from referral to treatment has fallen dramatically. We are winning the battle against healthcare associated infections. More cases than ever are seen in A&E in less than four hours and maternity services are improving across the area. There has been a big investment in new and refurbished facilities and we have some excellent services that are as good as the best in the country. New stroke and trauma services are set to benefit local residents from early 2010.

The reasons for change

Despite the many successes, every year hundreds of people in north east London die prematurely from poor healthcare. Early deaths from cancer, cardiovascular disease, diabetes and other conditions are far too common and are above the London and England averages.

Life expectancy is low compared with the rest of the country. In addition hospital performances (rated by the Care Quality Commission) are not consistently good enough. Too many residents are unhappy with local NHS services and many people suffer from a preventable illness or one that could be treated better and quicker.

Staff provide the best care they can – often in far from ideal circumstances – but we want to make it easier for them to provide services we can all be proud of. We need to make sure that north east London can recruit, attract and retain the very best senior doctors, especially in specialties where we are currently struggling – maternity, children's services and accident and emergency (A&E).

Our proposals to improve hospital care have been developed by senior clinicians with staff, patients, members of the public and other stakeholders. We believe they will help to save hundreds of lives, greatly improve health outcomes for thousands of patients and result in a healthier population.

This document takes as a starting point the excellent improvements made in recent years and proposes how hospitals can provide better, safer, more effective and more efficient care in north east London.



The services are open 24/7.

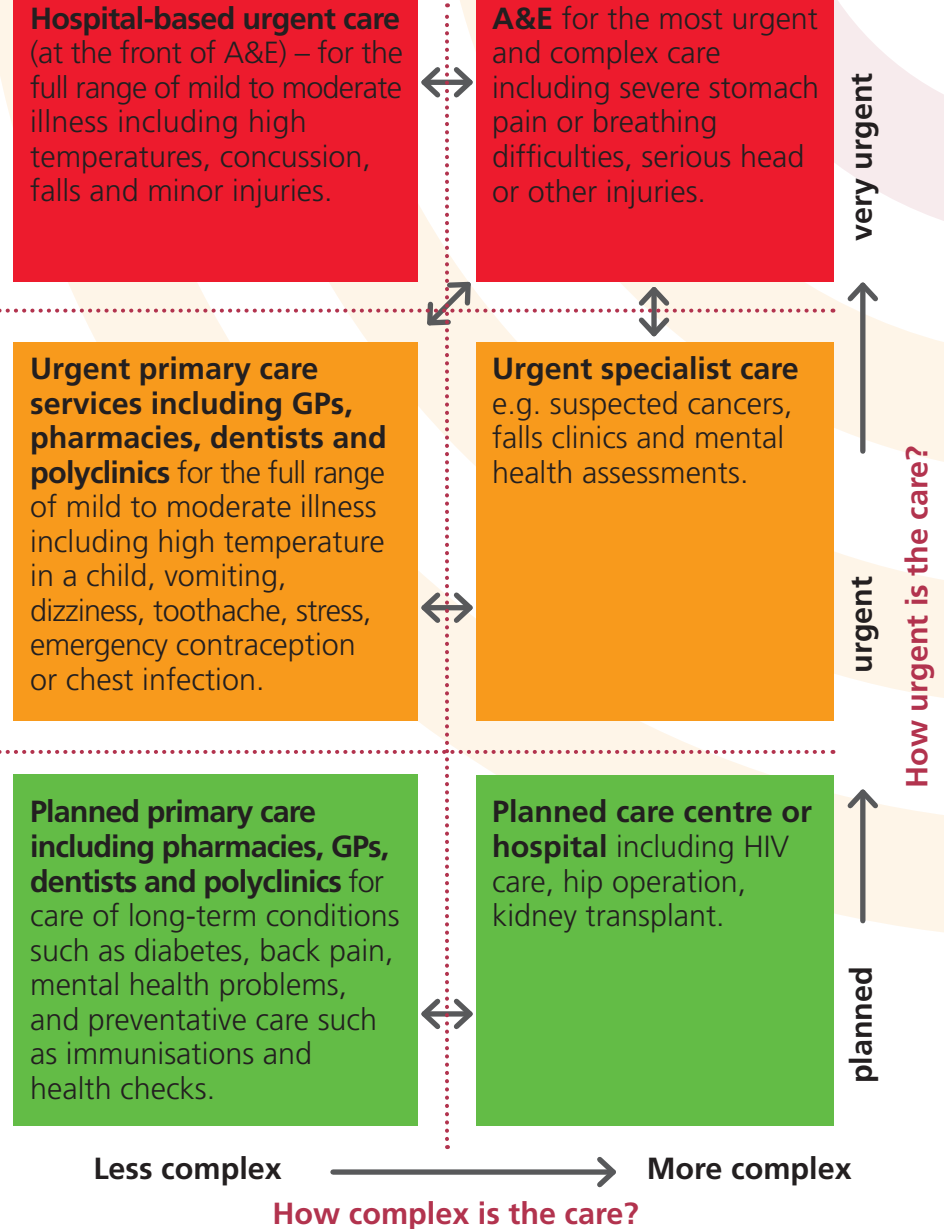
An ambulance crew will care for and transport the most seriously ill patients.

Patients 'walking in' would be seen in an urgent care centre and transferred to A&E if necessary.

Services are available up to 12 hours per day, with GP out-of-hours services providing night-time and weekend cover. NHS Direct is available round the clock to help people decide which service to use.

Planned care is booked. It could be anything from an appointment to see a GP the next day to a planned date for major surgery that is booked several weeks in advance.

Where would you go to get healthcare?



This diagram is a guide to help you understand the proposals in this document rather than a guide to accessing health services. A key part of all health professionals' responsibilities is to assess patients and refer for onward care if necessary.

The proposals

Move complex care onto fewer sites

Some services depend on very specialised clinical teams and expensive equipment. We think we should develop two hospitals to provide high-quality specialist care that is available to all patients in north east London. We want to:

- improve services for complex vascular surgery (operations on veins and arteries) by concentrating the service on The Royal London Hospital in Whitechapel and Queen's Hospital, Romford, and
- ensure that surgeons who operate on children have the appropriate training. We can improve urgent surgery, complex children's surgery and complex children's inpatient care in the area by concentrating most of the services at The Royal London and at Queens Hospital.

Separate planned surgery from emergency surgery

Planned surgery (such as hip replacements, eye surgery and treatment of hernias) could be carried out in a different part of a hospital, in a special unit on the same site or on a separate site. This will improve the services, make them more efficient, and reduce cancellations and the chance of patients picking up a hospital-acquired infection.

We are asking your views on whether uncomplicated, planned surgery currently performed at Queen's Hospital should move to King George Hospital.

Improve accident and emergency (A&E)¹, maternity delivery and critical care services

Doctors have told us that there are too many hospitals in north east London providing A&E, maternity delivery and critical care services. They think these services should be transferred from King George Hospital to surrounding hospitals.

We want to:

- improve A&E services at The Royal London Hospital, Queen's Hospital, Homerton Hospital, Newham Hospital and Whipps Cross Hospital. Upgraded urgent care and assessment centres² would help people get better faster. We would also develop new assessment and treatment centres for children – similar to the Starlight Centre at Homerton³, and
- improve the safety of, and mothers' satisfaction with, maternity services. We could do this by recruiting more midwives to ensure that women have one-to-one midwife care when they are in labour⁴; and recruiting senior doctors, so they are in the hospital for longer than they are now. King George Hospital would continue to provide antenatal and postnatal facilities.

By making these changes, treating more patients in the urgent care centre at King George Hospital and increasing the number of polyclinics in the area we can transfer the maternity, emergency and very specialised critical care facilities away from King George Hospital. All this will enable us to provide a safer service to local residents that better meets their needs.

King George Hospital

We think some services of King George Hospital should be transferred. However, we think it should continue to offer many of the services it currently does, for example rehabilitation services, minor surgery and outpatient services. Most patients attending the A&E would continue to be treated at the hospital in improved urgent care services for adults and children; some would be treated at polyclinics in the community, for instance at Loxford Polyclinic; and others would go to improved A&Es at Queen's Hospital, Whipps Cross Hospital or Newham Hospital. Women could have their babies at any of these hospitals or in their home or in the midwife-led maternity unit at Barking Hospital – when that opens. We are also asking your views on providing a lot of extra services at King George Hospital, for instance GPs, new services for children and older people, mental health care, kidney dialysis and more planned care.

What would these proposals mean for patients?

By making these changes everyone in north east London will be able to access the best quality care. For instance, a resident living in Loxford, (Redbridge) might go to the polyclinic for tests and rehabilitation following an operation. They might go to Newham Hospital to have a broken leg fixed but to King George Hospital for chemotherapy. If their child needs complicated surgery they would go to The Royal London Hospital. If they have a stroke they could go to Queen's Hospital for the first three days before being transferred back to King George Hospital for high-quality rehabilitation. In each case the resident would be treated at the place that could provide the very best, most appropriate care – not necessarily the closest one.

A summary of our proposals

The following chart shows all the services that this consultation aims to improve. Stroke and trauma services have already been consulted upon.

Service Hospital	Community health and social care	Urgent care services	A&E, critical care support & acute surgical & medical treatment	Children's services			Maternity delivery	Simple planned surgery	Complex Vascular surgery	Stroke unit		Trauma	
				Assessment & treatment	Simple surgery	Complex surgery				Hyper acute stroke unit	Stroke unit	Major trauma	Trauma
Royal London	✓	✓✓	✓	✓✓	✓	✓	✓✓	✓✓	✓✓	✓✓	*	✓✓	
Homerton	✓	✓✓	✓	*	✓		✓✓	✓			✓✓	✓✓	
Newham	✓	✓✓	✓	✓✓	✓	✗	✓✓	*			✓✓	✓✓	
Queen's	✓	✓✓	✓	✓✓	✓	✓✓	✓✓	✗	✓✓	✓✓	✓✓	✓✓	
King George	✓✓	✓✓	✗	✓✓	✗		✗	✓✓	✗				
Whipps Cross	✓	✓✓	✓	✓✓	✓	✗	✓✓	✓	✗		✓✓	✓✓	

Barts does not provide these services. It currently provides centralised specialised cardiac and cancer services and some other core services.

Proposals would result in...

✓✓ Significant improvement of services

✓ Improvement of services

✗ Services no longer provided – significant reduction

✗ Services no longer provided – minor reduction

* Service is already best in class so requires minimal improvement

□ Blank boxes in the table indicate no service at present and no change proposed

Finance

The health economy in north east London has an historical and ongoing financial challenge. The population is expected to increase, more people are expected to need care, the cost of drugs and treatments will rise, but the NHS is likely to receive little extra funding. In the current economic climate this pressure is expected to grow.

However, better healthcare can often cost less. By transforming how we provide services we will prevent people becoming ill, reduce our requirement for expensive drugs, reduce the time patients take to get better and ensure patients always receive high-quality services, wherever they go for their care.

We want to see an NHS that provides the best care for everyone.



Members of the north east London joint committee of PCTs (JCPCT)

These proposals from our local clinicians will benefit the whole north east London community and we wholeheartedly support them.

Inner north east London:

Primary care trust	Chair /non-executive director	Chief executive	Professional executive chair	London borough representative***
NHS Newham	Marie Gabriel* / John Lock	Melanie Walker	Dr Ashwin Shah	Kim Bromley Derry, Director of Children and Families
NHS City and Hackney	Jane Winder / Mark Dembrovsky	Jacqui Harvey	Dr May Cahill	Kim Wright, Corporate Director of Community Services (Hackney) City of London (vacant)
NHS Tower Hamlets	Stephen O'Brien / Judith St John	Alwen Williams**	Dr Lucy Marks	Helen Taylor, Corporate Director for Adults, Health and Well-being

Outer north east London:

Primary care trust	Chair	Chief executive	Professional executive chair	London borough representative***
NHS Waltham Forest	Afzal Akram*	Sally Gorham	Dr Ken Aswani	Andrew Kilburn, Chief Executive
NHS Barking and Dagenham	Maureen Worby	Stephen Langford	Dr Arun Sharma	Rob Whiteman, Chief Executive
NHS Redbridge	Edwin Doyle	Heather O'Meara**	Dr Ann O'Brien (Medical Director)	John Powell, Director of Adult Services
NHS Havering	Frances Pennell-Buck	Chas Hollwey	Dr Atul Aggarwal	Andrew Ireland, Chief Executive

* Sector and JCPCT chair, ** Sector chief executive, *** Non-voting

2. How to make your views known

- Complete the questionnaire at the end of this booklet or write to:
Freepost RSAE RCET ATJY
Health for north east London
Harrow
HA1 2QG
- Visit our website: www.healthfornel.nhs.uk
- Call freephone: 0808 238 5416
- Fax: 0808 238 5417
- Email: healthfornel@ipsos.com

Please note: Your comments go direct to our independent assessors, not to the Health for north east London team.

If you want to find out more before making your views known you can look at our website or come and talk to local clinicians and NHS staff running a health fair or meeting. You can find details of dates and venues on our website www.healthfornel.nhs.uk or call us free on 0808 238 5416.

Our main focus is naturally on healthcare provision for the people of north east London, but we recognise that people living in surrounding areas use facilities in the area. We therefore welcome comments from people living in nearby communities. You don't have to live in the area to have a view on these proposals.

Complaints

If you have a complaint about the consultation process, please write to: JCPCT Chairs, Health for north east London, Aneurin Bevan House, 81 Commercial Road, London E1 1RD.



3. We have listened to your views

In July 2007, NHS London published *Healthcare for London: A Framework for Action*. The report was developed by Professor Lord Darzi in partnership with hundreds of clinicians, patients, members of the public, staff and organisations. The report set out an ambitious vision to transform health and healthcare in London.



A Framework for Action showed that:

- there is a need to improve Londoners' health
- the NHS is not meeting expectations
- London is a big city with many inequalities
- going to hospital is not always the answer
- we need to provide more specialised care
- London should be at the cutting edge of medicine
- we are not using our workforce and buildings effectively
- we need to make better use of taxpayers' money

These reasons for change are as relevant in north east London as they are across the capital.

Most of the people living in north east London who responded to the consultation supported the proposals to prevent ill health; to reduce inequalities; to make services more accessible; to develop more specialised services; and to ensure consistently high-quality care for all Londoners when they become ill. People said they wanted real change as soon as possible.

In 2007 the Fit for the Future programme reviewed hospital services in Barking and Dagenham, Havering, Redbridge and Waltham Forest. An external review of the proposals found that clinicians had not been sufficiently involved in developing the ideas. Learning the lessons of the past, the proposals in this consultation have been developed by local clinicians in discussion with members of the public.

Consulting the Capital: your views on A Framework for Action

Over 50% of people expressing a view in the consultation supported the concentration of specialist care for children onto fewer hospitals. Even though these hospitals could be further from their home, a safer, higher-quality service was more important to them. Support was even stronger (over 60%) for the concentration of complex emergency surgery.

The NHS was asked to treat some conditions in specialist hospitals and to provide more outpatient care, minor procedures and tests in the community. Only 20% of respondents wanted the NHS to continue to provide services in the way they are now.

All percentages are calculated from the total responses from residents in north east London. The full report and statistical analysis can be found at;

www.healthfornel.nhs.uk
or phone **0207 092 5495** for a copy.

Over 50% of those expressing a view in the consultation supported the concentration of specialist care for children onto fewer hospitals

Only 20% of respondents wanted the NHS to continue to provide services in the way they are now

Over two thirds of respondents wanted to see a greater proportion of the money currently spent on hospital care to be used to help people with long-term conditions in the community

4. We are already making improvements

We are focusing on preventing ill health – as prevention is better than cure...

Primary care trusts in north east London have increased spending on preventing ill health and improving public health. Effort is being targeted at the communities or groups of people with the greatest need, and on public health programmes that have been shown to work. For example immunisation of children is safe and cost effective. And we know that support to help people stop smoking, improved screening services and early diagnosis and treatment of people with mental health problems all lead to better results.

...and we are investing in better services in the community

In north east London A&E attendances and hospital admissions are significantly greater than most other parts of the country. In some cases the high attendance is because people view A&Es as a solution to all their problems – which they are not. However, there are many instances where people attend hospital because they believe services in the community are not available, or not good enough, or the NHS doesn't have a way of helping people access the services (access to GP services across north east London is consistently rated as below the national average).



Evidence shows that 39% of those taken to hospital by ambulance and a similar percentage of people attending outpatients could have their consultation over the phone or be cared for in the community⁵.

Investment in better services in the community will:

- improve the health of the population
- reduce the need to attend hospitals and reduce admissions. This will allow hospitals to concentrate on people needing their special expertise, and
- reduce the amount of time patients and their families spend travelling.

Patients in north east London are now benefiting from real changes in community health services. Our investment in GPs and general practices, community nurses, midwives, therapists, health visitors and psychological therapists will help people stay healthy and manage any illness they have, without needing to go to hospital.

Smoking is the main cause of preventable death in the UK. In north east London more than 20 people die every week from smoking-related diseases⁶. Helping smokers quit smoking before an operation could prevent up to 1,000 complications every year and save £1 million, which could be spent on other services. Last year in north east London nearly 12,000 people were helped to quit smoking.

New services across the area also aim to make services more accessible. For instance we have already moved some kidney dialysis machines to more local settings (Newham Hospital, Queen's Hospital and Whipps Cross Hospital) for people with kidney failure so they don't have to travel to the centre of London for treatment. And community pharmacies can support people with long-term conditions by helping them with their medication. Problems with taking medicine are estimated to cause as many as 15% of hospital admissions. Investment in new facilities such as polyclinics and health centres will also result in fewer visits to hospitals, patients being treated in more pleasant surroundings and better, more joined-up care.



It is estimated that across the country, up to a third of people with diabetes may be undiagnosed, putting them at risk of blindness and amputation⁷. Better screening and a more accessible, personal service will mean that people can change their lifestyle. These changes and early healthcare can prevent the condition getting out of hand.

5. Simple and Direct Access to Emergency and Urgent Care Services across London: Final report of the London Reform Programme, July 2005.

6. London Health Observatory, May 2006. 7. Diabetes in the UK, Diabetes UK 2004.

Primary care trusts have developed plans to introduce new services closer to where people live. Work with local authorities will ensure more joined-up services which will better meet the needs of local people. Here are some examples of improvements across north east London:

- **Barking and Dagenham** now has the highest percentage of GP practices in London that are open in the evenings or weekends or both. Investment in local services includes the refurbishment of Barking Hospital to provide a range of services including a GP practice, a 24/7 urgent care centre, a sexual health centre, community mental health services and a community maternity unit by the summer of 2010.
- In April 2009 **NHS Havering** moved the anti-coagulation monitoring service from hospitals into the community. 900 patients are being treated. A community haematology advisory service for GPs started in October 2009, via the Choose and Book System. GPs now have rapid access to a consultant haematologist's advice. A new primary-care-based psychological therapies service for people with mild to moderate mental health problems has received 353 referrals in the first six months. 76% of people who completed therapy showed significant improvement.
- Working in partnership with the primary care trust, GP practices in **Redbridge** are now offering almost 50% more appointments than in 2007/08. Investment in staff to provide nursing care and support to people living in their own home, or in residential care, and significant efforts to recruit extra health visitors have improved services. £1.5million has been spent on providing 30,000 more diagnostic tests and 12,000

extra dental appointments – to improve access and reduce waiting times from weeks to just a few days.

- In **Waltham Forest** an integrated health and social care service has been launched to support patients' needs for rehabilitation, rapid response, hospital services provided at home, continuing care and end-of-life care. The service will improve care pathways for patients (the progression from first enquiry to completion of treatment), support early discharge from hospital, deliver care closer to home and prevent unnecessary hospital admissions. The service has reduced waiting times for some conditions from 12 to two weeks and prevented the need for more than 5,800 outpatient follow-up attendances.
- Mental health services in **City and Hackney** have been transformed. Responding to the concerns of local GPs, who have many more people coming to them with depression and stress-related illnesses, the PCT has recruited an extra 50 psychological therapists. The aim is to help people cope with less severe mental illness before it becomes complex and serious. The expansion of pharmacy services has been another success story, with more than 40 pharmacies now providing confidential advice and support to people with minor illnesses.
- In **Newham**, work with GPs and local pharmacists on the national vascular health programme has already resulted in checks for over 18,000 people. And the PCT, in

conjunction with Newham Hospital, has developed new antenatal and postnatal care in child- and mother-friendly environments in the community – rather than at the hospital. A new home birthing team with three midwifery sisters now supports women who choose to have their babies at home and provide support for junior midwives in the community. NHS Newham has also produced a DVD to help pregnant women understand the choices available to them.

- **NHS Tower Hamlets** has recently invested over £6million in bringing more services to the community. This is on top of investment that has led to the fastest-improving access to GP services in the country. GP practices are working together, along with pharmacists, social care, children's centres and others, to bring more services to local areas. The Barkantine polyclinic is in one of these networks and offers a weekend walk-in service, blood tests, gynaecology outpatient clinics, minor surgery, a pharmacy, dental care and a birth centre.



Hospital care is now better than ever

There are examples of good and excellent practice across north east London, and dedicated staff are delivering high-quality care for many patients. For instance:

- Homerton Hospital has been rated by the Care Quality Commission as excellent for both its quality of care and financial management
- Newham Hospital's diagnostic services are rated as excellent by the Care Quality Commission
- more than 93% of people referred to Queen's and King George Hospital are now treated within 18 weeks (compared with 45% last October)
- The Royal London's survival rate is one of the best in the country, and
- in the last year Whipps Cross Hospital has reduced a backlog of patients waiting more than 18 weeks for treatment from 17,700 to just 79.

Heart attacks

The north east London Heart Attack Centre (HAC) provides comprehensive emergency treatment and follow-up care for people who have a heart attack. It opened in 2003 as a pilot project and since 2006, has operated 24 hours a day, seven days a week. Patients from across north east London and south Essex who would previously have been taken to their local A&E departments, are now taken directly to

the HAC at the London Chest Hospital in Bethnal Green by London Ambulance Service crews trained to diagnose heart attacks. The HAC is now one of the largest of its kind in the UK, seeing over 800 patients a year.

The HAC now saves around 50 more lives every year as a result of this improved service. Patients return home two or three days after treatment, compared with the eight-to-ten day hospital stay using the previous method of care. The service won a Department of Health award for outstanding achievement in emergency care in 2004 and the Health Service Journal Award for acute and primary care innovation in 2008.

Stroke and trauma

The shape of things to come, a London-wide consultation earlier this year, asked patients and the public for their views on stroke and major trauma services. The NHS is now investing in four trauma networks across London. They aim to save over 100 lives a year and significantly reduce disability for thousands of other people. In north east London, The Royal London will be the major trauma centre giving immediate treatment to people with the most serious injuries, 24 hours a day, seven days a week. Trauma units at Homerton Hospital, Newham Hospital, Queen's Hospital and Whipps Cross Hospital will treat less severe injuries and provide high-quality ongoing treatment and rehabilitation.

Respondents to the consultation also agreed with proposals to develop two new hyper-acute stroke units at Queen's Hospital and The Royal London, to treat patients in the first few days after a stroke. Five stroke units (where patients will spend the majority of their time after the initial specialist urgent treatment) are

being improved – two alongside the hyper-acute stroke units and one each at Homerton Hospital, Whipps Cross Hospital and Newham Hospital. These will be operating to new, higher standards, from March 2010.



Maternity

Since 2005 hospitals and primary care trusts have been working much more closely together to improve maternity services.

More midwives have been recruited to provide better care for mothers and their babies. To tackle recruitment problems in the area, innovative schemes have been established to attract more midwives to north east London. For instance Barking, Havering and Redbridge University Hospitals NHS Trust have introduced an apprenticeship scheme to give newly qualified midwives the experience they need. And across the area, bilingual maternity support workers are now providing extra help to mothers whose first language is not English.

Mothers now have more choice. We have described the Newham birthing team and the Barkantine birthing unit on page 18; and Barking Hospital birthing unit is planned to open in 2011. The Shoreditch Midwifery Group Practice in Hackney, which was established in 2007, provides maternity services in an area with a particularly high infant mortality rate. Maternity support workers support vulnerable families and women with complex social needs. The number of deliveries per midwife is twice the national average, mothers' satisfaction and breastfeeding rates have increased and fewer babies have to be readmitted to hospital.

And mothers have access to better information. For instance the new Hackney Maternity Helpline based at Homerton Hospital and staffed by midwives, gave advice to over 7,000 local women in its first year of operation.



5. More services need to change

Despite the improvements in our health service in recent years, the health of our community and the state of some services demand change. Local people have told us that they want better services and more treatment in community settings – closer to home – whenever possible.

- More people are coming to live in the area and birth rates are some of the highest in the UK. By 2017 we will probably have to deliver another 8,000 babies a year.
- North east London is more ethnically and culturally diverse than other parts of London or the UK. This presents the NHS with challenges in terms of providing a high-quality, appropriate service.
- There is investment in housing and social regeneration. This is stimulated, in part, by the Olympic Games and the development of the Thames Gateway. However, there are still areas of considerable deprivation and unemployment which tend to lead to poor health and low life expectancy.



A higher level of need

PCT	Indicator	Life expectancy		Mortality			Diabetes: prevalence ²
		Male	Female	Infant ¹ mortality	Cardiovascular disease premature mortality ²	Premature cancer mortality ²	
City and Hackney		75 years	82 years	4	121	133	12%
Barking and Dagenham		76 years	80 years	5	108	137	7%
Havering		78 years	82 years	4	76	117	4%
Newham		75 years	80 years	7	136	131	11%
Redbridge		78 years	82 years	5	80	102	6%
Tower Hamlets		75 years	80 years	4	132	148	11%
Waltham Forest		75 years	81 years	6	107	118	9%

RED figures indicate performance for the worst 25% in England.

Amber figures show performance in the middle 50%.

Green figures indicate performance for the best 25% in England.

1. Rates per 1,000 (2004-06). 2. Rate per 100,000 (2004-07).

The table above shows that life expectancy across much of north east London is worse than in most parts of England. People living in the area also have higher levels of cancer and long-term diseases such as heart disease and diabetes than in most other parts of the country.

There are many people with a mental illness or conditions such as tuberculosis or HIV living in the community.

Low incomes, poor housing and a lack of open spaces, amongst other factors, contribute to poor health. The NHS will continue to work with councils and the voluntary sector to tackle these issues. The NHS also directly supports people to make healthier choices – to eat the right foods, take more exercise, drink less alcohol and to help people stop smoking and taking illegal drugs. We want to support

people to take charge of improving their own health – reducing the need to rely on better healthcare to live longer.

Some services are not good enough

The table shown on this page is provided as a guide only. The figures can be interpreted in different ways and do not show a complete picture. For instance:

- this document shows that some services are really first class. Some services that are very good in many ways can be marked down by a problem with just one part of the service
- the table doesn't show whether services are improving or getting worse. Maternity services in all the hospitals rated as weak in 2007 have substantially improved and hospitals have introduced new measures to ensure mothers and their children receive a far higher standard of care, and
- any trust in debt automatically gets a 'weak' rating for its use of resources.

However, taken as a whole, the standard of care in our hospitals is not as good as in other parts of the country and too often there are low levels of patient satisfaction.

Indicator \ Hospital	Overall quality mark ¹	Use of resources ¹	Children's services ²	Maternity services ²	Patient satisfaction ³	Mortality ratio ⁴
Barts and the London	Weak	Fair	Good	Weak	6.4	80
Homerton	Excellent	Excellent	Good	Weak	5.9	91
Newham	Good	Fair	Good	Weak	6.1	109
Barking, Havering and Redbridge	Weak	Weak	Fair	Weak	5.7	104
Whipps Cross	Good	Weak	Fair	Fair	5.7	91

1) In a range of excellent, good, fair and weak; as measured in 2009 by the Care Quality Commission which looks at a range of national and other indicators

2) In a range of excellent, good, fair and weak; as measured in 2007 by the Healthcare Commission, which looked at a range of national and other indicators

3) Performance measured by the Healthcare Commission as worse (red), about the same (orange), or better (green) than other trusts in England

4) Where 100 is the national average. A score of 109 means that, allowing for factors such as age, ethnicity, complexity of operations etc, 109 patients would die when one would expect only 100

6. What would first-class NHS services look like?

Your local doctors, nurses, midwives, therapists and other staff have looked at local services and compared them with national and international good practice. They believe that your health services are not as good as they could be and do not fully meet your needs.

Our advisors told us that the best healthcare services:

- focus on preventing ill health and treat more patients in the community than in hospitals
- have specialist units providing safer and higher-quality care, and
- organise their services to make better use of resources and the skills of staff.



Care and advice close to home

On page 18 we described some of the investment that primary care trusts have made, and are continuing to make, involving people in taking care of their own health and working in new ways with local communities and local authorities to provide better care, closer to home. For most people, their contact with the NHS is through someone working close to where they live – their GP, a practice nurse, a dentist or the local pharmacist. This will increase as more tests and treatments are provided locally in facilities that have longer opening hours. Primary care trusts plan to develop up to 30 polyclinics⁸ across north east London over the next few years so that soon everyone living here will have access to one-stop care, often delivered alongside social care.

Improved primary care services will help people with a long-term condition to live life to the full – avoiding the need to go into hospital for care or emergency treatment. For example by introducing NHS health checks for 40–65 year olds we are now able to identify those at risk of developing heart disease, diabetes and kidney diseases. By preventing people becoming ill and providing better services in the community and urgent care centres at the front of hospitals we can make sure that A&Es focus on people who need their specialist skills.

Provide complex care on fewer sites

Clinicians want to move some specific services to fewer sites. This is designed to improve the quality of care and improve the efficiency and safety of the service – as specialist teams will become more experienced and be more easily available.

Better care...

Some of our specialist teams are spread too thinly in north east London. For really first-rate care of complex conditions you need a whole team that concentrates on its specialism. We all know that practice makes perfect and some teams are not seeing enough patients to improve their skills. A smaller number of teams performing a particular operation more often are likely to do better than more teams doing the operation less often.

For example by building up specialist teams, The Royal London has developed one of the best major trauma centres to be found anywhere in the country – saving on average, about 30% more of the most severely injured patients compared with other hospitals in England. We want to provide similar specialist services for vascular and children's surgery.

...24 hours a day

Currently teams are spread across the whole of north east London and have to be ready and waiting 24 hours a day. It would require six teams (consisting of surgeons, anaesthetists, nurses and other staff) at each hospital to ensure each one had a children's surgery team available on site 24 hours a day, seven days a

week. It's a similar story for vascular surgery and most other surgery. It would be impossible to staff every hospital like this. Moving teams into bigger units means that the service becomes more efficient and specialist teams can be available on site for longer.

Separate planned operations from emergency services

Anyone who has had an operation cancelled will know how frustrating this can be. There is the practical problem – arranging time off work (and perhaps the same problem for a partner or carer), rearranging childcare or perhaps cancelling a holiday. There is the health problem – which hasn't been treated. And no-one likes having an operation so you need to get yourself into the right frame of mind. You don't want to do this more than once.

Delays or cancellations often happen because there is an emergency in the hospital. One emergency can disrupt a whole day's planned operations, as the same teams often do emergency and planned operations. We think we should have different teams for emergency and for planned operations in different theatres – perhaps in different parts of the hospital or in different hospitals. This is better for patients, and also more efficient. Studies have shown that teams concentrating only on planned operations could make savings of £35million⁹ in north east London, which could be reinvested in better care. The chance of acquiring an infection is reduced too – as the improved care means that patients can return home sooner and are exposed to the risk of hospital-acquired infections for less time.

8. See page 36.

9. Calculated from American Journal of Surgery; OR Manager Magazine survey (2002).

Gateway Surgical Centre, Newham

The Gateway Surgical Centre at Newham Hospital performs 95% of Newham's inpatient and day-case planned procedures in general surgery, orthopaedics (bones), urology (urine and men's reproductive system), gynaecology (women's reproductive systems) and ENT (ears, nose and throat). It also houses the renal dialysis unit for Newham patients.

There is a 30-bed inpatient ward with 15 side rooms to accommodate patients wanting single-sex accommodation, a day surgery ward, two theatres and a day case theatre. Patients are admitted on the day of surgery, with arrival times designed to facilitate ideal patient flows and improved patient experience. Infection control is a high priority and the Centre has a low infection rate, supported by pre-admission MRSA screening.

The Centre is a special build; many of its features were developed as a result of patient and public feedback including solar panels and wind-driven turbines that help provide energy to light the area.

There is a 30 bed inpatient ward with 15 side rooms to accommodate patients wanting single sex accommodation, a day surgery ward, two theatres and a day case theatre

Emergency and critical care

Creating new teams and units for some complex and planned care will improve quality, safety and patient satisfaction for a great many patients. However, emergency care also needs to be improved as the services across north east London are of variable quality.

Services will be improved if senior doctors are available for more time on the wards and care will be improved for all patients if an early opinion is obtained from a senior doctor.

Night-time surgery

We want to improve the quality of night-time surgery. Currently all hospitals perform emergency night-time surgery. While The Royal London performs a few operations most nights the other hospitals in the area, despite being equipped for night-time surgery, regularly have nights when no operations are done.

Evidence shows that night-time surgery is more dangerous than daytime surgery. We will be telling hospitals they should ensure a senior doctor assesses all patients that might need surgery at night. In most cases the safest and best care will be achieved by operating in the day. The senior doctor will need to agree that surgery cannot be delayed. We will also be encouraging hospitals to work together to ensure that night-time rotas make better use of staff and expertise

Accident and Emergency (A&E)

More people use A&E in north east London than in most other parts of the country. People go to A&E because they see it as providing expert care and solutions to all healthcare problems and of course it is open all day, every day. They fear the worst, and assume that the best care is at a hospital. Often this isn't true and an experienced family doctor (GP) is better placed to treat many illnesses – and can link the patient to other community services.

Continuing investment in polyclinics, GPs and out-of-hours services aims to provide more services in the community. This will help people access healthcare services outside the traditional weekday 9am–5pm working hours and better manage their conditions without the need to visit a hospital.

A&E services have greatly improved over recent years, but we think waiting times can be further reduced and the quality and safety of the services improved by:

- increasing the number of senior doctors in A&E and using their skills earlier in the treatment of patients
- developing the urgent care centres at the 'front' of hospitals – to ensure that A&E staff concentrate on seeing the most urgent cases without delay
- investing in existing assessment units at the 'back' of A&Es to make quicker diagnoses of patients and get them on the road to recovery sooner

- having only five, not six A&Es (and the critical care services that support this type of treatment) in north east London. Clinicians have said that there are too many A&Es struggling to provide a high-quality service and that a little extra travel time for patients would be more than offset by a safer, more effective service at a nearby hospital, and
- developing children's assessment and treatment units so that children are treated by staff specifically trained in dealing with their particular illnesses, injuries and needs.



Urgent care centres...

Urgent care centres at the 'front' of every hospital are led by GPs and provide a faster, better service for many patients, allowing A&Es to concentrate on the most serious cases.

In Newham, the PCT's new urgent care centre at the front of the hospital is open from 7am to 11pm to treat minor injuries and sickness

Currently over 50% of emergency patients are treated in the urgent care centre

...and assessment units

We could improve quality and efficiency at the 'back' of A&Es by improving assessment units. Often, after a patient has had their emergency dealt with in A&E, they have to wait for an assessment or admission to a ward. We want to improve this service to achieve quicker and better diagnoses of conditions. In some cases the specialists would work with colleagues in the community to arrange support that allowed patients to go straight home. This avoids the risk of patients picking up an infection on a ward; it reduces the need for expensive hospital care, and is better for patients. In cases where the patient needs to be admitted, early diagnoses will help them get better, faster.

A five-year study of MRSA (a hospital infection) in UK hospitals estimated that half of the reductions recorded in infection rates were because patients stayed in hospitals for shorter periods, rather than because of cleaner wards¹⁰.

"Urgent surgery services in north east London are variable in quality and safety and in responsiveness to patients' needs. The Urgent Surgery Working Group agreed that dedicated emergency surgery services should be delivered from fewer sites and that night-time surgery should be avoided, unless necessary to save life or limb."

Stephen Burgess, Divisional Director, surgical division, Barking, Havering and Redbridge University NHS Hospitals Trust and chair of the urgent surgery services clinical working group

Maternity care

Better quality... more choice

The birth rate in north east London is high compared with the rest of the country and we expect it to continue rising over the next few years. By 2017 we need to plan for between 35,000 and 38,000 births a year.

In 2007 a Healthcare Commission review highlighted weaknesses in maternity services in the area. Everyone has worked hard to improve services since that time but we know that we still have more to do.

Pregnancy and birth are normal life events for most women so we must offer mothers and their partners a choice of where to have their baby. But when they need specialist care it must be readily available and of the highest possible quality.

Our experts have told us that more women who have been assessed as 'low risk' could be supported to give birth at home or in midwife-led units in the community. Last year just over 500 women in north east London gave birth at home or in a midwife-led unit in the community. In future we want to be able to support 2,000 or more women a year to choose these settings. For mothers who have been assessed as higher risk a hospital may be more appropriate. However even in hospitals we believe that more women could have their baby in a homely and relaxed midwife-led environment, with real choices about their care – for example the type of pain relief they would like to use.

Our clinicians have advised us that it is only safe to care for women with the highest level of risk, or who develop complications in labour, in doctor-led maternity units on sites with full medical and surgical backup, including critical care facilities for the rare occasions when women have complications such as excessive bleeding. Clinicians have therefore recommended five doctor-led maternity units, one on each of the proposed A&E sites.

To improve care and the safety of our services we know we need to increase the time that senior doctors and midwives are available to provide the care women need. Providing doctor-led services at only five hospitals (rather than the current six) will help us increase the amount of time that a senior doctor is available, as well as providing better on-call cover for care out of hours. Currently senior doctors are available on average 60 hours a week at each hospital. By 2012 all north east London hospitals aim to meet The Royal College of Obstetricians and Gynaecologists (RCOG) recommendation that all doctor-led maternity services have a senior doctor on site for a minimum 98 hours a week. The RCOG has recommended a long-term goal of 168 hours a week (that is 24 hours a day, seven days a week).

A report into maternity in north west London showed that better supervision of junior staff, and the presence of a more experienced doctor at the time of a complication in pregnancy, could have prevented more than three-quarters of all serious problems in childbirth¹¹. Nationally, evidence shows that better management would make a difference in 35% of all stillbirths and deaths in infancy¹².

Evidence also shows that we need to get better at caring for newborn babies. Clinicians have told us that new cots at the two most highly specialised units (The Royal London and Homerton Hospital) will provide enough capacity in the right place for the sickest babies. However there is still a shortage of cots in special care baby units, which provide the next most specialised level of care. Hospitals across the sector are increasing the number of cots available in these units and soon we will have enough.



“Six maternity units is not a feasible option in north east London if we are serious about giving mothers and their babies the best care possible. We need to develop more opportunities for mothers to give birth to their babies in settings of their choice; and we need to ensure that the services we provide are safe, efficient and suited to women’s needs from before pregnancy to after the birth of the baby.”

Dr Shahid Husain, Consultant Neonatologist, Homerton University Hospital NHS Foundation Trust and chair of the maternity and newborn services clinical working group

11. The Future Role of the Consultant, Royal College of Obstetrics and Gynaecology, December 2005.

12. Summary of findings from the root cause analysis of 37 adverse events and near misses in obstetrics: A report for the National Patient Safety Agency, Brenda Ashcroft, 2000.

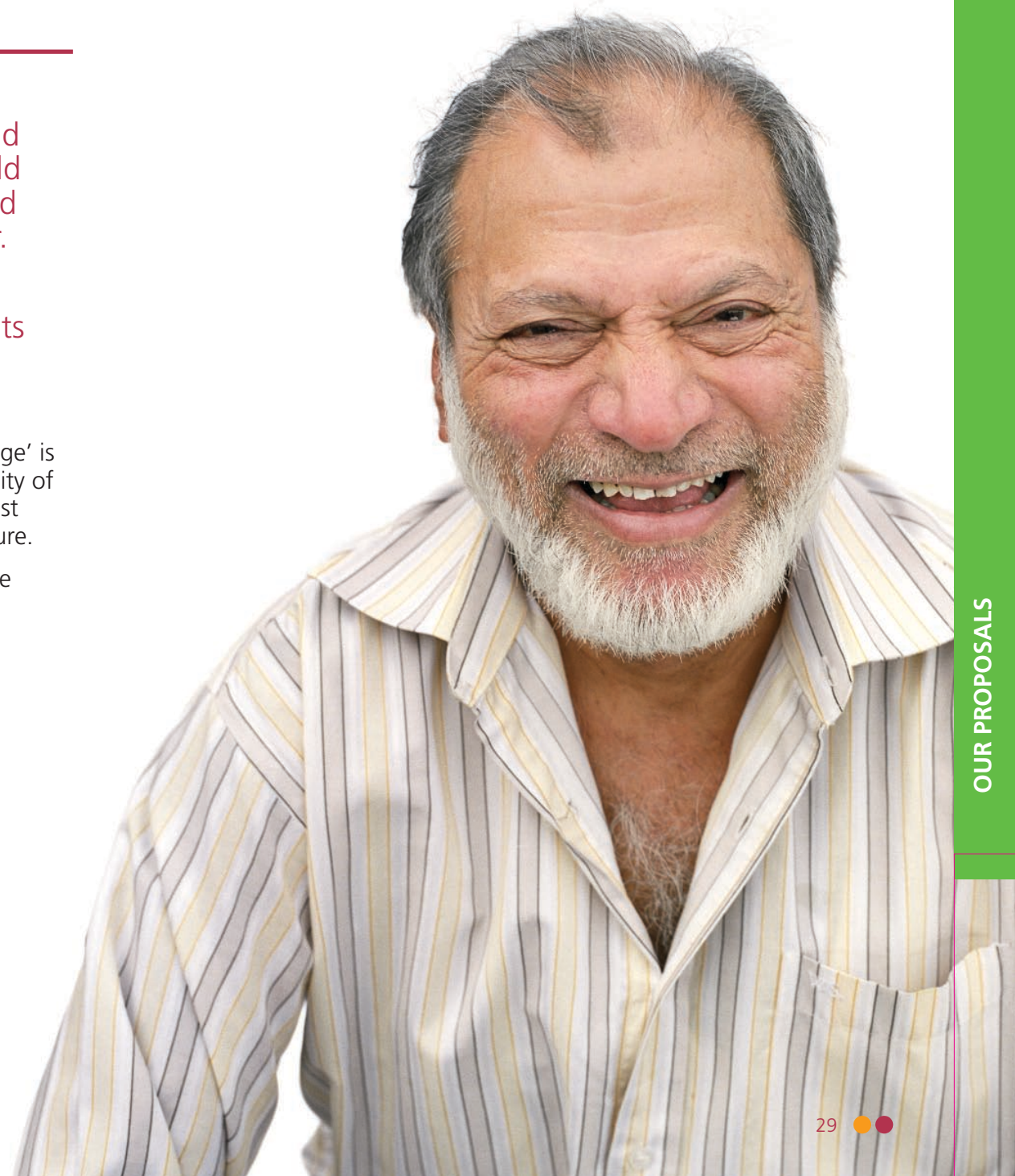
7. Our proposals

Based on discussions with members of the public, patients and community groups, doctors, nurses and other staff, we have developed proposals that would transform hospital services in north east London and achieve the vision described in the previous chapter. We have tested the options to see which would:

- provide the best quality and safest care for patients
- be most accessible to patients, and
- be the most affordable.

Our clinicians have said that things must change and that 'no change' is not an option for north east London. We need to improve the quality of healthcare to save lives that could be lost unnecessarily and we must develop an affordable healthcare system for the families of the future.

We are putting these options to you for formal consultation and we would like your views.



Proposals for complex care on fewer sites

There is a shortage of highly qualified specialist staff and those we have are spread across the area. This means we cannot offer an efficient, safe, high-quality service.

Complex operations on arteries and veins

Our clinicians think that to become really good and efficient, a vascular (arteries and veins) surgical unit should perform about 500 operations a year. There are now around 1,000 operations a year in north east London so our clinical advisors propose concentrating services onto two sites – The Royal London and Queen’s Hospital.

People who have experienced major trauma and those requiring specialist neurosurgery and vascular care ... fare better if they are treated in specialist units.

Academy of Medical Royal Colleges, Sept 2007

At the moment, if you are brought to Newham Hospital or Homerton Hospital for complex vascular surgery you will immediately be transferred to The Royal London. However, in outer north east London if you are taken to Whipps Cross Hospital or King George Hospital, you may have your operation at the hospital or be transferred. Currently Whipps Cross and King George perform only three or four complex vascular operations a week between them. This is neither efficient nor effective.

Recommendations on the model of care for vascular surgery, following a London-wide

review of cardiovascular services, are expected to be published shortly by Commissioning Support for London. The Health for north east London team has worked with clinicians leading the London-wide review and we believe that our proposals closely conform to the expected recommendations. When the recommendations are published we will consider any implications for our proposals.



We would like you to think about whether:

Q1)
complex vascular surgery in north east London should only be performed at The Royal London and Queen’s Hospital.

“The Health for north east London proposals have been developed by local doctors and are all about improving the care we provide to our patients. The changes proposed offer us a real opportunity to improve services in an effective and safe way, and – most importantly – ensure that everyone has access to the same high-quality care, which is currently not always the case. These plans will help us do more to enable people to live healthy lives and significantly improve health outcomes across north east London.”

Dr Hector Spiteri, Redbridge GP and Clinical Director for Seven Kings Polysystem

Proposals for surgery and care for children

An assessment of planned surgery for children by the Healthcare Commission rated Barts and The London Trust as 'excellent', Homerton Hospital and Whipps Cross Hospital as 'good', Barking Havering and Redbridge Trust as 'fair' and Newham Hospital as 'poor'. These proposals aim to address these weak services.

All north east London trusts that perform emergency surgery on children are rated as 'fair'.

Clinicians tell us that:

- specialist teams are spread too thinly across the sector
- too many children are being treated by clinicians who specialise in operating on adults, and
- too many children are having to travel out of the area for surgery or care as we cannot meet demand.

Evidence shows that better care can often be achieved by concentrating services on fewer sites so that teams see enough patients to become really proficient. For instance studies show that 33% fewer babies die following heart surgery if they are operated on by surgeons who do more than 75 operations a year¹³.

We want to ensure children are always operated on by surgeons specialising in children's conditions. We are proposing to concentrate:

- all surgery for under-two year olds on one site – The Royal London Hospital, and

- all urgent surgery and all complex surgery on children between two and 15 years old on The Royal London Hospital and Queen's Hospital.

Uncomplicated surgery (not requiring an overnight stay) on children over two years old would continue to be carried out at Homerton Hospital, Newham Hospital and Whipps Cross Hospital but often by clinicians or teams brought in from The Royal London Hospital and Queen's Hospital. This would ensure children benefit from the best care available, close to their home.

While we believe that Homerton, Newham and Whipps Cross hospitals should keep facilities to provide short stays for children, clinicians have said that all children who are likely to require a longer stay (48 hours or more) should be cared for at either The Royal London or Queen's.

We expect The Royal London to work with clinicians at Queen's to develop services that are of a very high standard.

We would like you to think about whether:

Q2)
all surgery on children under two years of age in north east London should only be performed at The Royal London Hospital.

Q3)
all urgent surgery and complex surgery on children between two and 15 years of age should only be carried out at The Royal London Hospital and Queen's Hospital.

Q4)
care for children in north east London likely to need more than a 48-hour stay in hospital should be in specialist units at The Royal London Hospital and Queen's Hospital.

"Healthcare specialists for children in north east London are spread too thinly. It is simply not possible to continue to provide high-quality inpatient care and urgent surgery for children at all six of the main hospitals in the area. More joined up care for children needing community or hospital treatment should be developed to improve outcomes and patient experience."

Dr Ben Ko, Consultant Community Paediatrician, Newham University Hospital Trust and chair of the children's services clinical working group

Our proposal for separating planned operations from emergency care

Our clinical advisors have said that separating planned care from emergency care in hospitals and developing specialist teams of clinicians will improve the quality of care and patients' overall experience. It will also reduce:

- waiting times
- the risk of cancellations and catching infections, and
- the time people have to spend in hospital.

It will also save money – which could be invested elsewhere in local services.

We already have some separation of services, both in the same building (for instance at The Royal London) or in different buildings (for instance at The Gateway Surgical Centre, Newham). On page 38 we propose more separation of planned and emergency care by moving uncomplicated planned surgery from Queen's Hospital to King George Hospital. This would improve the quality and efficiency of planned surgery and emergency care.

Major acute hospitals

The Royal London Hospital and Queen's Hospital are proposed as the two sites to provide complex vascular surgery, urgent surgery and complex surgery on children and care of children needing more than a 48-hour stay because:

- they are the location of other specialist services such as hyper-acute stroke units and, in the case of The Royal London, neurosurgery and major trauma
- no-one would be more than a 25-minute blue-light ambulance ride from one of these centres.

These hospitals are the only pair that meet these criteria. Developing The Royal London and Queen's Hospital to provide these services means that in addition to providing services to their local population, they become north east London's two major acute hospitals. These hospitals would offer round-the-clock care in new, modern, high-quality buildings for people with complex conditions from the whole area.

Clinicians have agreed that some specialist services should continue to be provided at national or regional centres, for instance liver transplants.

We would like you to think about whether:

Q5)

The Royal London Hospital and Queen's Hospital should become the two major acute hospitals in north east London.

Q6)

planned surgery in north east London should be separated from emergency surgery.



Proposals for improving emergency, critical and maternity delivery care

Clinicians have told us that many people attending an A&E could be better treated in an urgent care centre. They also believe that critical care and urgent surgical and medical services for local people are not good enough. In particular, staff and resources are stretched because there are too many A&E and critical care facilities in the area.

Maternity services also need to improve. We must offer more choice to women and ensure the most senior medical staff are available on site more of the time to support high-risk women and women who develop complications during labour.

We want to develop our services to support more women to give birth at home or in midwife-led birthing units in the community. We also think there should be a midwife-led unit alongside every doctor-led unit. These units are often described as 'co-located midwifery units'.

A&E services need to concentrate on providing safe, high-quality and timely care to the people who need it most. Urgent care services will provide a real alternative for the many patients currently attending A&E with minor illnesses or injuries. We aim to ensure that everyone who attends an urgent care service or (for people with a serious illness or injury) an A&E department, is seen by a senior clinician within one hour of arrival.

Urgent care of children

We also want to develop round-the-clock children's assessment and treatment services alongside A&Es so that children are treated by specially trained staff. Currently there are a children's urgent care services at all the six A&E hospitals in north east London but only Homerton Hospital's service meets the design and standard that clinicians want to see across north east London.

Which hospitals should provide A&E, critical care and maternity delivery services?

There are currently six A&E, critical care and doctor-led maternity hospitals in north east London. Our clinicians told us that reducing these to five would result in better care for patients.

Clinicians agreed that The Royal London Hospital and Queen's Hospital and three of the four other hospitals currently providing A&E, critical care and maternity delivery care: Homerton Hospital, King George Hospital, Newham Hospital and Whipps Cross Hospital should all continue to provide the services.

Starlight children's unit at Homerton Hospital

The Starlight children's unit cares for children up to the age of 16, taking into account each family's needs. The unit provides round-the-clock access for urgent GP referrals and children-only outpatient clinics. It treats a range of conditions from allergies and behavioural issues, to heart problems and respiratory complaints. Many emergency admissions come from the children's emergency assessment unit where children may be observed for a short while or have investigations done before being either discharged home or admitted to the Starlight children's ward.

The model of care has been a great success. The unit has been recognised as a centre of excellence, and was awarded a beacon of excellence by the NHS Institute for Innovation and Improvement.



Key issues in deciding which hospital should no longer provide A&E, critical care and maternity delivery services

We weighed up the arguments for and against providing these services at each of the hospitals (a summary is shown on these pages).

We assumed that the hospitals selected to provide the services could provide a similar quality of service in the long term but recognised that at the moment all the hospitals provide different standards of care. We assessed the workforce issues and whether:

1 = a move would risk losing a high-quality service.

 risk of losing a higher performing service

2 = a move would increase transport times for residents.

 transport issues

3 = other services would need to move – or changes would cause problems at other hospitals.

 effect on other services

Following the assessment it was agreed that moving A&E, critical care and maternity delivery services away from King George Hospital would provide the most benefit to the community.

King George Hospital


1 = The quality of services at Barking, Havering and Redbridge University NHS Hospitals Trust, which runs King George Hospital, has been assessed by the Care Quality Commission as 'weak'. The Trust (which also runs Queen's Hospital) faces the biggest challenges in recruiting and retaining staff and providing experienced clinical cover and high-quality services. Consolidating services onto one site would help the Trust address these issues and provide better care for residents.

2 = Moving King George Hospital's A&E, critical care and maternity delivery services would, for most people, add less than four minutes to blue-light ambulance times and 11 minutes to private transport times.

3 = Moving the hospital's A&E, critical care and maternity delivery services would require the transfer of the cardio-catheter laboratory to Queen's Hospital. This laboratory diagnoses narrow blood vessels. Clinicians believe this would be a beneficial move.

Moving accident and emergency services would not involve the relocation of stroke services as these were closed in October 2008 when the hospital decided it could no longer operate a safe service. Patients are taken directly to Queen's Hospital. The hospital does not have a trauma unit so, for instance, at the moment patients with a broken leg are taken directly to Queen's Hospital.

In the year ending March 2009, Barking, Havering and Redbridge University Hospital NHS Trust (Queen's Hospital and King George Hospital together) was £25.2 million in deficit, adding to its previous deficit of £50.1 million.

- 1 =**  **Least** risk of losing a higher-performing service
- 2 =**  **Least** transport issues
- 3 =**  **Least** effect on other services



Homerton Hospital

- 1 = **Most** risk of losing a higher-performing service
- 2 = **Medium** transport issues
- 3 = **Medium** effect on other services

1 = Homerton Hospital is a Foundation Trust and currently has the highest overall clinical quality scores of the four hospitals and the least problems with recruitment and retention of staff. We therefore expect it would be the quickest to deliver services of the highest quality.

2 = Moving Homerton's A&E, critical care and maternity delivery services would, for most people, add less than five minutes to blue-light ambulance times and 12 minutes to private transport times.

3 = Moving Homerton's A&E, critical care and maternity delivery unit would also require relocation of its stroke and trauma services and the newborn baby intensive care unit that provides specialist services for Whipps Cross Hospital, King George Hospital and Queen's Hospital (in addition to the North Middlesex Hospital in North Central London). Homerton Hospital also has the best children's assessment and treatment centre (The Starlight Centre) in north east London. Therefore if the A&E and maternity unit did transfer, a lot of other services would need to transfer too.

In the year ending March 2009 the hospital added £3.7 million surplus to its previous surplus of £6.9 million.

Newham Hospital

- 1 = **Medium** risk of losing a higher-performing service
- 2 = **Most** transport issues
- 3 = **Medium** effect on other services

1 = Newham Hospital's quality of services has been assessed by the Care Quality Commission as 'good'. This is better than Barking, Havering and Redbridge University Hospital NHS Trust but not as good as the 'excellent' rated services at Homerton Hospital.

2 = Moving Newham's A&E, critical care and maternity delivery services would, for most people, add less than seven minutes to blue-light ambulance times and 12 minutes to private transport times.

3 = Transfer of the A&E, critical care and maternity services would involve relocation of stroke and trauma services. Newham's population is expected to increase rapidly – faster than any other borough in north east London. The very high number of births projected for Newham (the birth rate is the highest in the country) would mean that neighbouring hospitals would need to manage a lot more births.

In the year ending March 2009 the hospital added a £200,000 surplus to its previous surplus of £12.8 million.

Whipps Cross Hospital

- 1 = **Medium** risk of losing a higher-performing service
- 2 = **Medium** transport issues
- 3 = **Most** effect on other services

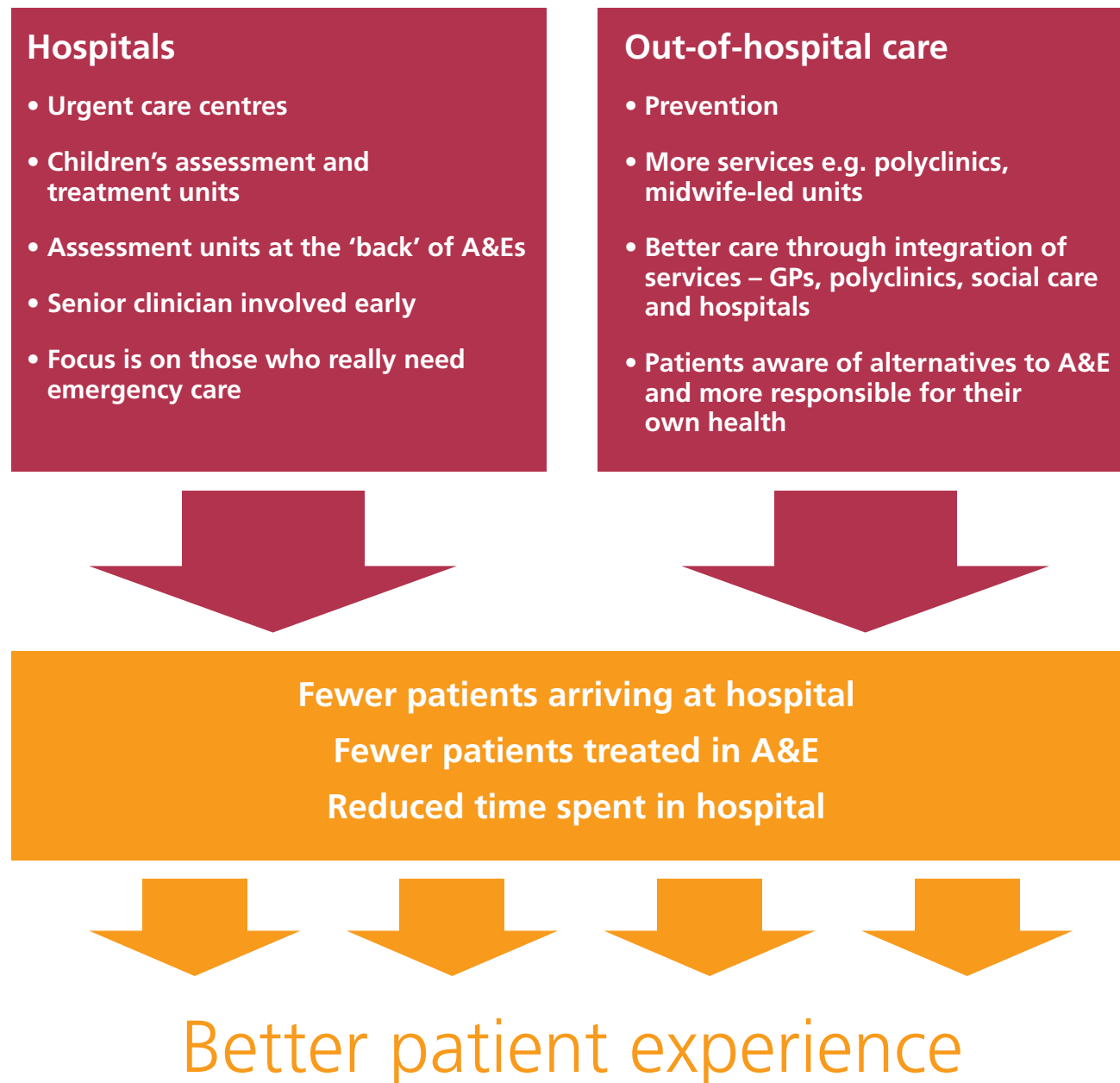
1 = The hospital's quality of services has been assessed by the Care Quality Commission as 'good'.

2 = Moving the A&E and critical care and maternity delivery services would involve relocation of stroke and trauma services and would, for most people, add less than seven minutes to blue-light ambulance times and 15 minutes to private transport times. Travel times for people in Essex would also increase.

3 = Moving the A&E, critical care and maternity delivery unit would require the biggest investment in new facilities at other hospitals. This would mainly be at North Middlesex Hospital, which is expecting to receive more patients due to the planned transfer of services at Chase Farm Hospital in Enfield. For this reason, any transfer of patients and services from the hospital would take longer than the transfer of services from King George Hospital, Homerton Hospital or Newham Hospital.

At the end of March 2009 the hospital reduced its deficit of £43 million by £800,000.

Could Queen's Hospital, Whipps Cross Hospital and Newham Hospital cope with extra patients?



Hospitals

In the hospitals, plans to improve urgent care services at the 'front' of hospitals and assessment units at the 'back' of A&E departments would reduce the number of patients that need to be treated in A&Es and reduce the time they spend in hospital. The merging of Queen's Hospital and King George Hospital A&Es would also lead to efficiencies. More staff available on one site will mean that the A&E will be better able to cope with peaks in demand.

Out-of-hospital care

New services in the community will enable the hospitals to discharge patients back to their homes, properly supported by high-quality care. We are expecting fewer people will need to use A&Es because of the improved services available in the community.

In Barking and Dagenham, proposed polyclinics at East Dagenham and Barking Hospital would support people who otherwise might have used King George Hospital.

In Havering there are proposals to develop polyclinics at St. George's Hospital in Hornchurch, Harold Wood Hospital and at the front end of Queen's Hospital.

The Harold Wood polyclinic will house three additional GPs and there will be a full range of primary care facilities especially aimed at older people's health – for instance disability services and long-term conditions support. The centre will also include a minor injuries unit, radiology/ultrasound, facilities for adults and children with physical and learning disabilities, community information and advice – plus an internet café.

The services will be accessible seven days a week for a minimum of 12 hours a day.

Investment in Redbridge aims to provide polyclinics in Cranbrook, Wanstead, Seven Kings at King George Hospital and Fairlop, in addition to the facilities already opened at Loxford.

Loxford Polyclinic is the first purpose-built polyclinic in London. NHS Redbridge has invested £6.5 million into the development, which provides much-needed health and social care services to the most deprived part of Redbridge. Loxford Polyclinic provides a large range of services including a pharmacy, outpatient clinics, diagnostics, podiatry, community dental services, rehabilitation, nutrition services and a café. The polyclinic is designed as a community-based multi-purpose health facility providing a greater range of choice and health services in a modern environment.

The Loxford Polyclinic has been developed as part of a longer-term strategy to improve health care services. NHS Redbridge is working in partnership with local clinicians to ensure that all Redbridge residents are served by five 'polysystems' that will transform how services are delivered. Each polysystem will cater for approximately 50,000 residents, will feature a polyclinic providing services for the immediate population, and be networked to the local GP services. NHS Redbridge is also developing five community panels of residents to inform clinicians on local issues and health needs.

The Loxford GP Practice, which offers extended opening hours, has registered over 1,000 new patients who previously were not registered with a GP.

In Waltham Forest, Oliver Road Polyclinic at Leyton Orient Football Club offers patients access to a GP between 8am and 8pm, 365 days a year. Patients can choose to register with the Orient Practice in the polyclinic or to remain registered with their GP, who will be kept informed of any consultations at the polyclinic. This service means that patients don't have to go to A&E for minor problems because they cannot get an appointment with their own GP.

More accessible services, usually only provided in hospital settings, are available at more convenient times in the polyclinic – for instance nursing, physiotherapy and chiropody. Outpatient services, such as clinical nurse specialists for long-term conditions and consultants and GPs with interests in specialties such as dermatology, musculoskeletal and ophthalmology are also available.



We would like you to think about:

Q7) whether children should be assessed and treated in separate facilities from adults.

Q8) how many hospitals in north east London should provide A&E, critical care and doctor-led maternity services.

Q9) which hospitals should provide these services.

Q10) the choices you would like when deciding where to have a baby.

The vision for King George Hospital

We believe that King George Hospital has a vital role in the network of care being developed in outer north east London. To help keep them healthy or support them living at home, local residents deserve better services.

The plans for King George Hospital

Under the proposals most patients receiving care at King George Hospital will continue to do so. However, our vision for the hospital is to provide a much greater range of services on the site to better meet the needs of local people.

- By improving the existing urgent care centre (through improved access to tests and specialist advice) we could treat up to 75% of the patients currently attending A&E. The centre would operate round-the-clock. Patients with more serious injuries, like a broken leg, already go to Queen's Hospital.
- We plan to develop a polyclinic on the site to bring together a range of services that could all be accessed in one place and at the same time. These services could include GP practices; antenatal and postnatal care; management of long-term conditions; debt and stopping smoking advice clinics.
- All outpatient consultations and tests would continue to be provided on the site or in a polyclinic closer to home. The rehabilitation services would be expanded and improved to enable patients to get well following an illness or recover from operations performed at the hospital or in other hospitals. The Cedar Centre which provides chemotherapy,

supportive treatments such as blood transfusions and patient advice to over 400 cancer patients each year would continue.

- Clinicians have recommended that all the uncomplicated planned operations currently performed at Queen's Hospital should be transferred to King George. This would separate planned operations from emergency care and raise standards of care, and make it easier to accommodate the expected increase in patients in vascular, children's, accident and emergency and maternity services at Queen's.
- Many services in the area are either housed in outdated buildings or are not easily accessible to local residents. Clinicians have told us it would be better to locate these services at King George. For instance we could:
 - transfer some dialysis machines from The Royal London to King George
 - improve our care of children by developing and relocating services to the King George site such as child neuro-developmental assessments, child protection services and specialist therapy services for children with disabilities (from Kenwood Child Development Centre); and Child and Adolescent Mental Health Services (from Loxford Hall), and
 - enhance nursing support and minor surgery services for adults and older people; provide rapid access to specialist assessments; and general and specialist stroke rehabilitation beds (relocated from Heronwood and Galleon in Wanstead).

We would like you to think about:

Q11, Q12, Q13)

which services would be of most benefit at King George Hospital if the A&E, critical care and maternity delivery services transferred to Newham Hospital, Queen's Hospital and Whipps Cross Hospital.

King George Hospital

Services	Improvement or reduction in services?	What does this mean in practice?
Urgent care services	✓✓	Current services improved through better access to tests and specialist advice. This enhanced level of care would have met the needs of 70,000 people who attended King George Hospital for urgent care last year.
A&E, acute inpatient care for adults and children, complex planned surgery	✗	Up to 25,000 patients a year with more serious illnesses and injuries or requiring urgent or complex surgery would be treated at Newham, Queen's, Whipps Cross or Royal London Hospitals. Patients with stroke, heart attack or trauma are already treated at these hospitals.
Rehabilitation	✓	Rehabilitation services would continue, with extra beds transferred in from other units.
Planned Care	✓✓	Strengthened through new polyclinic at the hospital, as well as some care closer to home in other polyclinics and new shared care arrangements between GPs and hospital doctors.
Simple planned surgery	✓✓	Simple planned surgery continues, with additional surgery transferred in from Queen's.
Maternity – antenatal and postnatal care	✓✓	Antenatal and postnatal care would continue to be provided at the hospital – in the hospital polyclinic, and in other local polyclinics, children's centres or GP practices.
Maternity – birthing services	✗	More births would be at home, in the new midwife-led unit at Barking Hospital or at Newham, Whipps Cross or Queen's Hospitals. Mothers at risk of having a complicated birth are already taken to one of these hospitals.
Children's	✓✓	Services for children would be strengthened through the relocation and development of the Child Development Centre and Child and Adolescent Mental Health Services.

✓✓ Significant improvement of services

✓ Improvement of services

✗ Services no longer provided – significant reduction

8. Finance and value for money

At its heart, this review is about improving the quality of health services for local people. However, we must make sure that these proposals make best use of our financial resources and that we are able to attract doctors, nurses and other health professionals to work here.



The health economy in north east London is facing considerable challenge, and in the current economic climate this is expected to grow. The population is expected to increase, more people are expected to need care, the cost of drugs and treatments will rise, but the NHS is likely to receive very little extra funding. If nothing is done, hospitals and primary care trusts will be spending significantly more than they have available, resulting in large deficits. We estimate that if no changes are made, by 2017 hospitals in north east London will be running at a considerable financial loss. In addition the primary care trusts in the area face a serious challenge as funding will not keep up with the increased demand for services. All health organisations in north east London are planning how best to manage this issue.

While this review is about improving quality, clinicians have focused their attention on where services can be improved whilst also making a contribution to managing this challenging situation.

Substantial savings can be made from better healthcare and efficiencies. Better healthcare can cost less than poor-quality care. In a poor-quality service more people get ill; patients need more drugs; take longer to get better; have to stay longer in hospital and often have to be treated a number of times for a problem that should have been sorted out at the first appointment.

Costs can be reduced by:

- preventing ill-health – for instance screening people to detect diseases early
- improving treatments and care – for instance involving senior doctors early in a patient's care; or specialist teams providing planned care faster and with greater success
- providing more care in the community, avoiding the need for patients to visit hospital. However savings will only be made if hospital services are also transformed to reduce costs
- better diagnostics – correctly identifying the problem and aiding quick recovery, and
- sharing knowledge more effectively so that we can make inefficient services as good as the best in the country.

We estimate that moving the A&E, critical care and maternity delivery services from King George Hospital to Newham Hospital, Queen's Hospital and Whipps Cross Hospital will save around £21 million – money that could be invested in improving other services.

Estimates show that if we moved these services from Homerton Hospital, Newham Hospital or Whipps Cross Hospital it would save between £14 million and £30 million. Our preferred proposal doesn't save the most money, but it would help the hospital trust with the most financial difficulties in the area.

How will these proposals affect people in north east London?

We have worked with clinicians to develop these proposals and have discussed them with various organisations, patients and members of the public. In this consultation we are asking the views of anyone who has an interest in health services in the area.

As part of the consultation we will also carry out an impact assessment. This is a technical assessment of the changes on groups of people and patients likely to be most affected. The report will investigate whether any group will receive worse care, whether transport issues will be a problem for some groups, or whether the proposals will cause environmental damage. The report will also recommend the best ways to tackle any issues. A paper showing what the assessment will cover is available now. A draft report will be available in mid January 2010.

To see either of these reports please call **0808 238 5416** or visit **www.healthfornel.nhs.uk**

9. Glossary

antenatal (and postnatal)

Before (and after) birth.

back of an A&E

Refers to when an assessment service would be used in the care of a patient i.e. after treatment in an A&E. This may not be physically at the 'back' of the hospital.

blue-light ambulance

A blue-light ambulance is an ambulance that, in responding to an accident or a health emergency, uses blue lights and often sirens to alert other road users to it, allowing it to move swiftly through traffic.

cardiovascular

Describes the body's circulatory system consisting of the heart, blood and blood vessels.

clinicians

Clinicians are medical professionals such as doctors, nurses and therapists.

consultant

The most senior type of doctor who is a specialist in a particular area of medicine.

dementia

Loss of mental ability severe enough to interfere with normal activities of daily living. It is a group of symptoms caused by the gradual death of brain cells.

front of a hospital or front of an A&E

Refers to the fact that urgent care services or units are located at the entrance to a hospital. This is where patients who walk, or arrive in a car, taxi or bus, will go for urgent treatment. Patients cannot simply walk into an A&E.

foundation trust

NHS foundation trusts are part of the NHS and subject to NHS standards, performance ratings and systems of inspection. Foundation trusts are different from other NHS trusts because they are independent legal entities accountable to local people.

hyper-acute stroke unit

A specialist unit that has experts and equipment to provide stroke treatment 24 hours a day. It provides expert diagnostic and clinical care in the first 72 hours after a stroke.

Joint Committee of PCTs (JCPCT)

The JCPCT oversees the consultation and makes decisions and recommendations at the end of the consultation. All consulting local NHS organisations are represented on the committee.

major trauma

Serious injuries such as amputation, major head injuries, severe knife or gunshot wounds.

National Clinical Advisory Team (NCAT)

NCAT provides support, advice and guidance to NHS organisations on reconfiguration proposals to ensure safe, high-quality, effective and accessible services for patients.

neurosurgery

Surgery on the central nervous system.

physiotherapy

Services to develop, maintain and restore maximum movement and ability.

polyclinic

A place where a wide range of health care services can be obtained without the need for an overnight stay. Polyclinics offer a range of core services, such as GP appointments, blood tests, diagnostics and minor surgery, but exactly which other services are available depends on local need.

polysystems

A polysystem is a way of delivering care locally. It has a primary care-led polyclinic at its heart, which can be either based in the community or at the front end of a hospital. The polysystem delivers care through a network of GP practices and other community-based settings and staff.

primary care trust (PCT)

Primary care trusts (PCTs) agree with hospitals and providers of community services (GPs, pharmacists, dentists and others) what services the local population needs and then provide or pay for this healthcare. There are 31 PCTs in London.

senior doctor

In this document, a senior doctor means a consultant.



Consultation questionnaire

How to give your comments

The consultation period runs until 8 March 2010.

Your comments on our proposals are important to us. We have listened to local people whilst planning these options and we will continue to do so throughout the consultation. Please take the opportunity to let us have your comments.

To make your views known you can:

- complete this questionnaire and post it to:

Freepost RSAE RCET ATJY
Health for north east London
Harrow
HA1 2QG

- fill in the same questionnaire on our website: www.healthfornel.nhs.uk
- write a letter and post it to us at the freepost address above or fax it to us on: **0808 238 5417**
- call us free on: **0808 238 5416**
- email: healthfornel@ipsos.com

Your comments go direct to our independent assessors, Ipsos MORI.

If you want to find out more before replying you can take a look at our website or come and talk to local clinicians and NHS staff running a roadshow or meeting. You can find details of dates and venues on our website www.healthfornel.nhs.uk or call us free on **0808 238 5416**

All comments and questionnaires must be received by 8 March 2010.

Health for north east London is keen to receive your feedback on the proposals and we invite you to complete the following questions. Please feel free to answer any or all of the questions. We would also be interested in any other comments you want to make.

Confidentiality

Responses from individuals will be shared with the consulting joint committee of primary care trusts to enable them to consider your views fully, but will otherwise be kept confidential. Your name will be kept confidential and will not be disclosed except as may be required by law.

Your response to the consultation

Please bear in mind this is a consultation not a 'vote'. The joint committee of primary care trusts in north east London will take responses to the consultation into account along with a range of other information such as the views of the clinical working groups, council scrutiny committees and technical assessments of the effect of the changes on groups most affected by the proposals, on travel times and on the environment. The joint committee will be interested in the overall responses to the tick box questions and your reasons for supporting or opposing a proposal



Complex care on fewer sites

Clinicians have told us there is a shortage of highly qualified specialists and we are not using their skills effectively. This means we are not providing the most efficient, safest, and highest-quality service possible.

For each of the following statements please tick ✓ the ONE box that most closely reflects your view and then tell us why you chose that answer:

Q1 To what extent do you agree or disagree that complex vascular surgery in north east London should only be performed at The Royal London Hospital and Queen's Hospital?

- Agree strongly
- Agree
- Neither agree nor disagree
- Disagree
- Disagree strongly
- Don't know

Why are you not asking about each hospital separately?

Our clinicians have told us that the service needs to be located with other specialist services such as a hyper-acute stroke centre and be accessible to everyone in north east London. However, if you don't agree, please let us know why in **Q1b**.

Q1b Please tell us why you agreed or disagreed with the statement in Q1.

Please answer in the box below.



Q2 To what extent do you agree or disagree that all surgery on children in north east London UNDER two years of age should only be performed at The Royal London Hospital?

- Agree strongly
- Agree
- Neither agree nor disagree
- Disagree
- Disagree strongly
- Don't know

Q2b Please tell us why you agreed or disagreed with the statement in Q2.

Please answer in the box below.





Q3 To what extent do you agree or disagree that all urgent surgery and all complex surgery in north east London on children between the ages of two and 15 should only be performed at The Royal London Hospital and Queen’s Hospital?

- | | |
|-----------------------------------------------------|--------------------------------------------|
| <input type="checkbox"/> Agree strongly | <input type="checkbox"/> Disagree |
| <input type="checkbox"/> Agree | <input type="checkbox"/> Disagree strongly |
| <input type="checkbox"/> Neither agree nor disagree | <input type="checkbox"/> Don’t know |

Q3b Please tell us why you agreed or disagreed with the statement in Q3.

Please answer in the box below.



Q4 To what extent do you agree or disagree that care for children who are likely to need to stay in hospital more than a day or two, should be concentrated in specialist units at The Royal London Hospital and Queen’s Hospital?

- | | |
|-----------------------------------------------------|--------------------------------------------|
| <input type="checkbox"/> Agree strongly | <input type="checkbox"/> Disagree |
| <input type="checkbox"/> Agree | <input type="checkbox"/> Disagree strongly |
| <input type="checkbox"/> Neither agree nor disagree | <input type="checkbox"/> Don’t know |

Q4b Please tell us why you agreed or disagreed with the statement in Q4.

Please answer in the box below.



Q5 To what extent do you agree or disagree that The Royal London Hospital and Queen's Hospital should become the two major acute hospitals in north east London?

- | | |
|-----------------------------------------------------|--------------------------------------------|
| <input type="checkbox"/> Agree strongly | <input type="checkbox"/> Disagree |
| <input type="checkbox"/> Agree | <input type="checkbox"/> Disagree strongly |
| <input type="checkbox"/> Neither agree nor disagree | <input type="checkbox"/> Don't know |

Q5b Please tell us why you agreed or disagreed with the statement in Q5.

Please answer in the box below.

Separating planned operations from emergency care

Clinicians have told us that there are too many hospitals carrying out relatively simple procedures. They believe that concentrating services onto fewer sites would be more economical and better for patients.

For the following statement please tick ✓ the ONE box that most closely reflects your view and then tell us why you chose that answer:

Q6 To what extent do you agree or disagree that planned surgery in north east London should be separated from emergency surgery?

- | | |
|-----------------------------------------------------|--------------------------------------------|
| <input type="checkbox"/> Agree strongly | <input type="checkbox"/> Disagree |
| <input type="checkbox"/> Agree | <input type="checkbox"/> Disagree strongly |
| <input type="checkbox"/> Neither agree nor disagree | <input type="checkbox"/> Don't know |

Q6b Please tell us why you agreed or disagreed with the statement in Q6.

Please answer in the box below.

+ Improving emergency, critical and maternity care

Our clinical advisors have said that maternity delivery services and accident and emergency departments could be better. They think we need to improve facilities for the assessment and treatment of children and reduce the number of maternity delivery units and accident and emergency departments from six to five.

For each of the following statements please tick ✓ the ONE box that most closely reflects your view and then tell us why you chose that answer:

Q7 To what extent do you agree or disagree that children should be assessed and treated in separate facilities developed alongside each accident and emergency department?

- | | |
|-----------------------------------------------------|--------------------------------------------|
| <input type="checkbox"/> Agree strongly | <input type="checkbox"/> Disagree |
| <input type="checkbox"/> Agree | <input type="checkbox"/> Disagree strongly |
| <input type="checkbox"/> Neither agree nor disagree | <input type="checkbox"/> Don't know |

Q7b Please tell us why you agreed or disagreed with the statement in Q7.

Please answer in the box below.

Q8 To what extent do you agree or disagree that the NHS can provide better, safer care with five rather than six hospitals providing A&E, critical care and maternity delivery services?

- Agree strongly
- Agree
- Neither agree nor disagree
- Disagree
- Disagree strongly
- Don't know

Why are you not asking about accident and emergency, critical care and maternity in separate questions?

Our clinicians have told us it would be unsafe to split these services onto different sites. However, if you don't agree, please let us know why in **Q8b**.

Q8b If you agree with having five hospitals for accident and emergency, critical care and maternity delivery services tell us why. If you don't agree, tell us how many you think we need for north east London and why.

Please answer in the box below.

Q9 If we do decide to have five rather than six hospitals with accident and emergency, critical care and maternity delivery services, to what extent do you agree or disagree that these services should be moved from King George Hospital?

- | | |
|-----------------------------------------------------|--------------------------------------------|
| <input type="checkbox"/> Agree strongly | <input type="checkbox"/> Disagree |
| <input type="checkbox"/> Agree | <input type="checkbox"/> Disagree strongly |
| <input type="checkbox"/> Neither agree nor disagree | <input type="checkbox"/> Don't know |

Q9b If you agree with the transfer of accident and emergency, critical care and maternity delivery services from King George Hospital, please tell us why. If you don't agree tell us what you think we should do and why.

Please answer in the box below.

Q10 If in future there are no maternity services at King George Hospital and the delivery of your baby was assessed as 'low risk', where would you prefer to have your baby?

- Home
- Midwife-led birthing unit in the community
- Midwife-led birthing unit based at Homerton Hospital, Newham Hospital, Queen's Hospital, The Royal London Hospital or Whipps Cross Hospital
- Doctor-led maternity service based at one of the above hospitals
- Don't know
- Other (Please write in box below)

+ The vision for King George Hospital

Our clinical advisors believe that the local community around King George Hospital would be better served by using the A&E, critical care and maternity delivery services at neighbouring hospitals. The advisors think that King George Hospital should concentrate on improving its urgent care, community services, planned operations, antenatal and postnatal care and rehabilitation services.

For each of the following proposals please tick ✓ the ONE box that most closely reflects your view and then tell us why you chose that answer:

Q11 If King George Hospital's A&E, critical care and maternity delivery services transfer to neighbouring hospitals, to what extent do you agree or disagree that the NHS should make the following changes:

11a Move all uncomplicated planned surgery from Queen's Hospital to King George Hospital?

- | | |
|-----------------------------------------------------|--------------------------------------------|
| <input type="checkbox"/> Agree strongly | <input type="checkbox"/> Disagree |
| <input type="checkbox"/> Agree | <input type="checkbox"/> Disagree strongly |
| <input type="checkbox"/> Neither agree nor disagree | <input type="checkbox"/> Don't know |

11b Move some of the kidney dialysis machines from The Royal London Hospital to King George Hospital?

- | | |
|-----------------------------------------------------|--------------------------------------------|
| <input type="checkbox"/> Agree strongly | <input type="checkbox"/> Disagree |
| <input type="checkbox"/> Agree | <input type="checkbox"/> Disagree strongly |
| <input type="checkbox"/> Neither agree nor disagree | <input type="checkbox"/> Don't know |

+ 11c Develop a specialist children's centre at King George Hospital to provide neuro-developmental assessments, child protection, specialist therapy services for children with disabilities and Child and Adolescent Mental Health Services?

- | | |
|-----------------------------------------------------|--------------------------------------------|
| <input type="checkbox"/> Agree strongly | <input type="checkbox"/> Disagree |
| <input type="checkbox"/> Agree | <input type="checkbox"/> Disagree strongly |
| <input type="checkbox"/> Neither agree nor disagree | <input type="checkbox"/> Don't know |

This would involve relocating services from Kenwood Child Development Centre and Child and Adolescent Mental Health Services from Loxford Hall.

11d Enhance services for adults and older people at King George Hospital by improving existing nursing support and minor surgery, developing a rapid access to specialist assessments service and transferring facilities such as rehabilitation beds from Heronwood and Galleon in Wanstead?

- | | |
|-----------------------------------------------------|--------------------------------------------|
| <input type="checkbox"/> Agree strongly | <input type="checkbox"/> Disagree |
| <input type="checkbox"/> Agree | <input type="checkbox"/> Disagree strongly |
| <input type="checkbox"/> Neither agree nor disagree | <input type="checkbox"/> Don't know |



Q12 Please tell us why you agreed or disagreed with any of the statements in Q11.

Please answer in the box below.

Q13 Are there any other services you think should be provided at King George Hospital? Please tell us what these are and why you think they should be provided.

Please answer in the box below.

Personal information

We would be grateful if you could give us some information about yourself as it will enable us to check we have received responses from a representative group of people, and identify trends. We will take all consultation responses fully into account when making decisions, regardless of whether you provide your personal details.

QA If you would like us to send you a short summary of the decisions when they have been made, please tell us your name and address in the box below:

QB Are you:

PLEASE TICK ✓ ONE BOX ONLY

- providing your own response
- submitting your response on behalf of an organisation (If so, go to QL)



QC How old are you?

PLEASE TICK ✓ ONE BOX ONLY

- Under 25
- 35–44
- 55–64
- Prefer not to say
- 25–34
- 45–54
- 65 or over

QD Your sex?

PLEASE TICK ✓ ONE BOX ONLY

- Male
- Female
- Prefer not to say

QE Which ethnic group do you consider yourself to belong to?

PLEASE TICK ✓ ONE BOX ONLY

- White
- Asian or Asian British
- Chinese
- Other (please write in box below)
- Mixed
- Black or black British
- Prefer not to say



QF Do you consider yourself to have a disability? By disability, we mean “physical or mental impairment which has a substantial and long-term adverse effect on your ability to carry out normal day-to-day activities” (Disability Discrimination Act, 2005).

PLEASE TICK ✓ ONE BOX ONLY

- Yes
- No
- Prefer not to say

QG Do you have children, or care for children under the age of 16?

PLEASE TICK ✓ ONE BOX ONLY

- Yes
- No
- Prefer not to say

QH Please give your full home postcode below. This will be used to assess whether we are receiving responses from across the whole of north east London.

Please answer in the box below.

QI Are you employed by the NHS?

PLEASE TICK ✓ ONE BOX ONLY

- Yes
- No



QJ If you were at home, what is the hospital you would most likely go to for urgent care?

PLEASE TICK ✓ ONE BOX ONLY

- Homerton Hospital
- King George Hospital
- Newham Hospital
- Queen's Hospital
- The Royal London
- Whipps Cross Hospital
- None

QK When did you last visit one of the hospitals in question QJ?

PLEASE TICK ✓ ONE BOX ONLY

- In the last year
- More than a year ago
- Never

Please post your completed questionnaire to the address below. No postage stamp is required.

**Freepost RSAE RCET ATJY
Health for north east London
Harrow
HA1 2QG**

Details of your organisation

ONLY complete the following section if you are responding on behalf of an organisation – please be as detailed as you can. So, for instance, if you are responding on behalf of a group or department, please say the name of the group.

Please note that our policy is to publish organisation responses to consultations on our website.

QL What is the name of the organisation on whose behalf you are responding?

Please answer in the box below.

QM Please tell us who the organisation represents and, where applicable, how you gathered and summarised the views of members:

Please answer in the box below.



You can request this information in alternative languages and formats, including easy read, Braille, CD or audio tape, by calling freephone 0808 238 5416.

Please state the title of this booklet 'High-quality services for north east London', your name, address and the format you require.

আপনি ফ্রিফোন 0808 238 5416 নম্বরে টেলিফোন করে এই তথ্য অন্য কোন ভাষায় এবং ফরম্যাটে পাবার জন্য অনুরোধ জানাতে পারেন, যার মধ্যে ইজি রীড, ব্রেইল, সিডি কিংবা অডিও টেপ রয়েছে।

অনুগ্রহ করে এই পুস্তিকার শিরোনাম 'হাই কোয়ালিটি সার্ভিসেস ফর নর্থ ইস্ট লন্ডন' লিখুন, আপনার নাম, ঠিকানা এবং আপনি কোন ফরম্যাটে চান, সেসব লিখুন।

Bengali

આ માહિતી અન્ય ભાષાઓ અને સહેલાઈથી વાંચી શકાય તેવા, ભ્રેઈલમાં, સીડી કે ઓડિયો ટેપ સહિતનાં અન્ય સ્વરૂપોમાં મેળવવા માટે તમે મફત ફોન 0808 238 5416 પર ફોન કરીને વિનંતી કરી શકો છો.

કૃપા કરીને આ પુસ્તિકાનું શિર્ષક હાઈ ક્વોલિટી સર્વિસીસ ફોર નોર્થ ઈસ્ટ લંડન ('High quality services for north east London'), તમારું નામ, સરનામું અને તમને તે કેવા સ્વરૂપમાં જોઈએ છે તે જણાવો.

Gujarati

Możesz poprosić o tą informację w innych językach i formatach, m.in. łatwym angielskim, alfabecie brajlowskim, na płycie CD lub wersji audio, dzwoniąc pod bezpłatny numer telefonu: 0808 238 5416.

Prosimy podać tytuł tej broszury „High quality services for north east London” (“Wysokiej jakości usługi dla północno-wschodniego Londynu”), Twoje nazwisko, adres oraz format, o który prosisz.

Polish

ਸੀ ਇਸ ਜਾਣਕਾਰੀ ਨੂੰ ਦੂਸਰੀਆਂ ਭਾਸ਼ਾਵਾਂ ਅਤੇ ਸਰੂਪਾਂ (ਫੋਰਮੈਟਸ) ਵਿਚ ਲੈਣ ਲਈ ਮੁੱਢਤਫੋਨ 0808 238 5416 ਤੇ ਫੋਨ ਕਰਕੇ ਬੇਨਤੀ ਕਰ ਸਕਦੇ ਹੋ, ਜਿਸ ਵਿਚ ਸੌਖੀ ਪੜ੍ਹਾਈ, ਬ੍ਰੇਲ, ਸੀ ਡੀ ਜਾਂ ਐਂਡੀਓ ਟੇਪ ਸ਼ਾਮਲ ਹੈ।

ਸਿਰਥਾਨੀ ਕਰਕੇ ਇਸ ਕਿਤਾਬਚੇ ਦਾ ਸਿਰਲੇਖ 'ਹਾਈ ਕੁਐਲਿਟੀ ਸਰਵਿਸਿਜ਼ ਫੋਰ ਨੋਰਥ ਈਸਟ ਲੰਡਨ', ਆਪਣਾ ਨਾਮ, ਪਤਾ ਅਤੇ ਜਿਹੜਾ ਸਰੂਪ ਤੁਸੀਂ ਚਾਹੁੰਦੇ ਹੋ, ਉਸ ਬਾਰੇ ਦੱਸੋ।

Punjabi

Нужны эти же сведения на других языках или в другой форме (для дислексиков, в азбуке Брайля, на CD или магнитофонной пленке)? Звоните бесплатно 0808 238 5416.

Укажите эту брошюру (High quality services for north east London), свое имя, адрес и формат, который вам необходим.

Russian

Waxaad codsan kartaa in macluumaadkan laguugu soo qoro luqado ama qaabab kale, sida midka sahal loo akhrin karo, Farta-indhoolayaasha, CD-ga ama cajalad maqal ah, kana soo wac talafoonkan bilaashka ah 0808 238 5416.

Fadlan u sheeg cinwaanka buug-yarahan 'High quality services for north east London', magacaaga, cinwaankaaga iyo qaabka aad u rabto.

Somali

0808 238 5416 numaralı ücretsiz telefonu arayıp bu broşürün Türkçesini bizden isteyebileceğiniz gibi, daha kolay okunabilmesi için iri harfli baskı, görme engelliler için *Braille* alfabesi, CD ya da ses kaseti olarak da edinebilirsiniz.

Bunun için broşürün başlığını (*High Quality Services for North East London*), adınızı, soyadınızı, adresinizi ve hangi formatta istediğinizi lütfen bize bildirin.

Turkish

آپ 0808 238 5416 پر فون کر کے اس معلومات کے کسی دوسری زبان اور صورت میں ترجمے کیلئے درخواست کر سکتے ہیں، ان میں آسانی سے پڑھے جانے والا، بریل، سی ڈی یا آڈیو ٹیپ شامل ہیں۔

براؤکرم اس کتابچے کا ٹائٹل "ہائی کوالٹی سروسز فار نارٹھیسٹ لندن"، اپنا نام، پتہ بتائیے اور یہ آپ کو یہ کس صورت میں چاہیے۔

Urdu

For large print please
phone 0808 238 5416



Health for north east London
Aneurin Bevan House, 81 Commercial Road, London E1 1RD.

Telephone 020 7092 5233 Facsimile 020 7092 5344
healthfornel@thpct.nhs.uk www.healthfornel.nhs.uk