

Healthwatch Ealing Response to the NW London Sustainability and Transformation Plan (STP) Update.

1 SUMMARY

Local Healthwatch have specific responsibilities when changes are proposed to local health and social services. These are set out in the extract from the Healthwatch England Legislative Guidance which is attached to this note.

The purpose of this note is to summarise Healthwatch Ealing's concerns over those elements of the latest STP proposals which are in the public domain and to identify the following shortcomings:

- The inadequate and misleading engagement processes which have been carried out in advance of the publication and submission of the updated version of the STP to NHS England on Friday 21st October.
- Absence of any engagement with patients and residents over the **implementation** of the SaHF reconfiguration of Ealing and Charing Cross Hospitals, which is an integral element of the NW London STP.
- Disappointment at the misleading references to Healthwatch in the STP communication/engagement updates which are being circulated in advance of the 21st October submission. While we have attended every meeting we have been invited to – we have also expressed extensive reservations and concerns at every one of those meetings. Surprisingly, our responses have been omitted from the STP documents which refer to our attendance at STP meetings.
- It is not clear if the proposed “frail elderly” wards and facilities on the Ealing Hospital site will only cater for residents of LB Ealing, or if they will also accommodate residents from all the outer boroughs in NW London.
- Failure to share comprehensive and up-to-date detailed information on activity levels at Ealing Hospital – which is needed to inform engagement over a robust STP implementation.
- We believe that the STP should include far greater detail about the transition arrangements and also include an undertaking that the successor patient services will be in operation and functioning at full capacity for a reasonable overlap period before there are any closures at Ealing and Charing Cross Hospitals.

- Continuing failure to share detailed information on the amounts and timing of the capital and revenue funding which will be needed to resource the reconfiguration projects and is therefore integral to the successful implementation of the proposed NW London STP.
- We understand that concerns are emerging that the capital and revenue financial support previously considered necessary to implement SaHF may no longer be available. This clearly needs to be clarified and its implications assessed before key decisions are made.
- We are concerned at the near silence of the draft STP on the subject of Accountable Care Partnerships (ACP's) or Multi-Specialty Community Providers (MCP's).
- Continuing failure of the STP to address the constraints which are imposed on patient access to hospital and health facilities by limitations in the public transport network. The assumption that many patients will have to travel to more distant locations appears to underpin the key STP reconfiguration proposals.
- We cannot locate any meaningful references to the implications of the proposed changes on the demand patterns for, and work of, the London Ambulance Service. This is likely to be significant for all Ealing residents if all A&E departments are likely to be located outside the Borough.
- We continue to be concerned that despite the "head start" provided by SaHF, the NHS aspects of the SaHF/STP implementation remain at such a vague and imprecise level. We find this difficult to accept given the time and extensive resource which the NHS community has allocated to SaHF and the STP since 2012.

We are concerned that these deficiencies are likely to result in a rushed and therefore flawed STP Implementation across North West London – which risks overlooking the needs of particular patient groups and communities.

There appears to be the very real possibility that the STP could result in a less than satisfactory NHS service for those residents who currently rely on Ealing Hospital.

A further concern is that it is highly likely that significant volumes of displaced Ealing Hospital patients will overwhelm key capacity at the neighbouring hospitals of Northwick Park, Hillingdon and West Middlesex.

2 DISPROPORTIONATE IMPACT OF NW LONDON STP CHANGES ON THE RESIDENTS OF LONDON BOROUGH OF EALING

Ealing is a large and demographically complex borough with exceptionally high levels of deprivation.

As shown on the attached map, this deprivation is concentrated across large areas in the West of the Borough.

These residents currently rely on the facilities at, and services provided by, Ealing Hospital as an integral element of their healthcare.

Similarly, residents in the Acton area, to the East of the Borough, rely on Charing Cross Hospital.

The STP projects a major reduction in hospital expenditure across the NW London Region. The charts on page 45 of the June 2016 edition of the STP show a 6 percentage point reduction in expenditure on Acute Hospital care from 42% in 2015/16 down to 36% in 2020/21.

This reduction in hospital expenditure is projected to take place on the Ealing and Charing Cross Hospital sites.

The intention to downgrade these hospitals is summarised in the attached extracts from the NW London NHS Lay Partners presentation on 14th September 2016. These show both hospitals as only having Urgent Care Centres (UCC's). **It should be noted that these slides which show the Ealing site as only having a UCC have been circulated by the STP team to all the NHS Lay Partners in NW London.**

The residents of LB Ealing will therefore experience disproportionate cuts in acute hospital provision. Similar cuts will not be experienced by the residents of the neighbouring outer NW London boroughs of Hounslow, Hillingdon, Harrow and Brent.

3 NHS ENGLAND ENGAGEMENT EXPECTATIONS

The engagement guidance published by NHS England states:

“As a general rule, the greater the extent of changes and number of people affected, the greater the level of activity that is likely to be necessary to achieve an appropriate and proportionate level of public involvement.”

NHS - Engaging local people: A guide for local areas developing Sustainability and Transformation Plans, Page 10

This level of “greater” engagement has not been undertaken with the residents who use Ealing and Charing Cross Hospitals.

4 INADEQUATE NATURE OF NW LONDON NHS STP ENGAGEMENT

Healthwatch Ealing is concerned that the NHS STP engagement has failed to include the implementation of the reconfiguration of Ealing and Charing Cross Hospitals.

This SaHF inheritance is the most significant aspect of the STP for the residents of LB Ealing. It is therefore unacceptable that it has been omitted from the public engagement associated with the preparation of the 21st October submission version of the NW London STP.

Our point is that there must be detailed and widespread “engagement” on the detailed implementation proposals for the reconfiguration of Ealing & Charing Cross Hospitals. The implementation is totally different from the earlier 2012 consultation on the high level SaHF proposals to reconfigure the hospital estate in NW London.

In these circumstances, we also observe that the following title for the “Town Hall Style Meeting” in Ealing verges on the disingenuous:

“Improving Healthcare in Ealing”

Healthwatch Ealing is also concerned at the misleading concentration of the NHS NW London’s expensive STP engagement activities on the following five themes:

- Your Health,
- Long-term Care
- Support for over 65’s
- Mental Health
- Quality

It is a truism that virtually everyone who is asked about these issues will respond with statements endorsing their importance and the need for improvements.

To base an engagement on STP changes which is based around the removal of key Acute Hospital provision on the above five generic themes is both inappropriate and misleading.

5 MISLEADING CLAIMS ABOUT HEALTHWATCH INVOLVEMENT IN CONSULTATION

We are disappointed at the misleading references to Healthwatch in the STP communication / engagement updates which are being circulated in advance of the 21st October submission. While we have attended every meeting we have been invited to – we have consistently expressed extensive reservations and concerns at every one of those meetings.

Surprisingly, our responses have been omitted from the STP documents which refer to our attendance at STP meetings. This could leave an impression that we are supportive of those proposals which have been shared with us.

We strongly recommend that all references to engagement activities include a record of the responses from the organisations and individuals involved. This would seem to be an essential requirement for any genuine engagement process.

6 FUTURE ROLE OF EALING HOSPITAL

We are concerned by the lack of clarity in the STP as to the future role of Ealing Hospital.

It is suggested that the hospital will specialise in the management of frail elderly, with the ability to manage higher levels of need and the provision of inpatient care.

It is not clear if this proposed provision will only cater for residents of LB Ealing, or if it will also accommodate residents from all the outer boroughs in NW London.

7 PROPOSED CHANGES TO COMMUNITY BASED HEALTH AND SOCIAL CARE

We welcome the aspiration for closer working between the community facing elements of NHS care and Council Social Services.

We also note that Ealing Council has:

“a strong record of integrating health and social care services in order to improve the health and wellbeing of residents.”

LB Ealing Cabinet Report 18th October 2016

This poses the question - that if the claimed benefits of joint-working were as easy to realise as claimed by the NW London STP's NHS Partners – Why haven't they already been achieved?

We are also aware that unexpected difficulties and constraints can emerge when attempts are made to up-scale promising pilots into widespread implementations.

In these circumstances, we are disappointed at the lack of robust supporting documentation which would substantiate the substantial operating savings which have been claimed in the draft STP.

8 SUPPORTING INFORMATION

We are disappointed at the absence of detailed supporting analyses based on patient data and projected activity changes.

The failure to share comprehensive and up-to-date detailed information on activity levels at Ealing Hospital is a matter of particular concern. This information is needed to inform engagement over a robust STP implementation.

It should be made available in a “fine grained format” which includes the nature of the provision, the medical speciality, the patient’s home address and GP, the patient’s age and ethnicity.

We understand that a wealth of information is available and are therefore disturbed by the reluctance of the NW London STP’s NHS Partners to publish this and to also share it with their local Healthwatch.

9 ROBUST PLANNING & SUPPORTING FINANCIAL PROJECTIONS

We understand that concerns are emerging that the capital and revenue financial support previously considered necessary to implement SaHF may no longer be available. This clearly needs to be clarified and its implications assessed before key decisions are made.

It is normal for proposals as complex as the STP to be supported by details plans, which in turn are underpinned by detailed and firm financial undertakings.

We are therefore concerned that at this advanced stage in the STP’s preparation that there continue to be both extensive operational and financial gaps in the plans and major concerns over the availability of essential supporting finances.

We note that Ealing Council has stated:

“There are still significant gaps in financial and delivery plans”
LB Ealing Cabinet Report 18th October 2016

These omissions are despite claims by the NW London STP’s NHS Partners that, due to their work on SaHF, that they are national pathfinders.

We continue to be deeply concerned that despite the “head start” provided by SaHF, the NHS aspects of the SaHF/STP implementation remain at such a vague and imprecise level. We find this difficult to accept given the time and extensive resource which the NHS community has allocated to SaHF and the STP since 2012.

10 TRANSITION ARRANGEMENTS

There needs to be greater clarity as to the transitional arrangements for the implementation of the NHS element of the STP.

While the project has been presented as offering better healthcare nearer to patients' homes – we are concerned that the implications for the Ealing residents who currently rely on the portfolio of services offered by Ealing and Charing Cross Hospitals could be the reverse.

We therefore believe that the STP should include far greater detail about the transition arrangements and also include an undertaking that the successor patient services will be in operation and functioning at full capacity for a reasonable overlap period before there are any closures at Ealing and Charing Cross Hospitals.

11 GENERAL PRACTICE

We note that the draft STP appears to anticipate an enhanced role for General Practice, and yet only projects a marginal increase in the proportion of CCG funding which will be allocated to General Practice.

We also appreciate that GP's are contracted to NHS England, rather than to any of the organisations which are party to the delivery of the STP.

We therefore believe that there should be far more detail in the draft STP setting out how the proposed changes will impact on GP's, their surgeries, and their patients.

12 ACCOUNTABLE CARE PARTNERSHIPS

We are concerned at the near silence of the draft STP on the subject of Accountable Care Partnerships (ACP's) or Multi-Specialty Community Providers (MCP's).

Our understanding from NHS briefings and public meetings of the Ealing CCG Board is that ACP's/MCP's are intended to become the only care delivery vehicles in Ealing in the future.

We are therefore concerned that the NW London STP offers no explanation as to how ACP's and MCP's will operate in Ealing and across NW London.

We observe that the MCP/ACP approach is completely unproven in England or in any whole population state-funded model anywhere in the world.

We are also concerned that there is no indication as to how ACP's/MCP's will affect the traditional Ealing GP practice services currently delivered by GMS, PMS or APMS contracts.

13 STAFFING

While there are references to staffing in the draft STP, we believe that the discussion of this subject in the STP lacks substance and should be documented in much greater detail in order to provide the assurance that appropriately professionally qualified and experienced NHS staff will be in post to deliver the proposed healthcare at the proposed locations.

14 TRAVEL – PUBLIC TRANSPORT

Ealing, and especially the west of the Borough, has poor public transport connectivity to the neighbouring acute hospitals at Northwick Park, Hillingdon and Isleworth. Access to which involves lengthy and time consuming bus journeys with multiple changes.

The removal of acute hospital provision from the Ealing and Charing Cross Hospital sites will necessitate patients, together with their families and carers, having to travel to more distant and less accessible acute hospitals. Many of these patients and their partners will be elderly and least able to cope with the vicissitudes of the bus network and the need to repeatedly change buses.

We are therefore amazed that the draft versions of the STP appear to fail to quantify and address this key issue.

15 LONDON AMBULANCE SERVICE

We cannot locate any meaningful references to the implications of the proposed changes on the demand patterns for, and work of, the London Ambulance Service. This is likely to be significant for all Ealing residents if all A&E departments are likely to be located outside the Borough.

16 DISPLACEMENT TO NEIGHBOURING HOSPITALS

The closure of acute services at Ealing and Charing Cross Hospitals will place additional pressures on the neighbouring acute hospitals, especially Northwick Park, Hillingdon, West Middlesex and St Mary's.

We are concerned at the lack of publicly available detailed information on acute hospital activity levels across the NW London NHS Region and modelling of the implications of the proposed closures at the Ealing and Charing Cross sites.

We believe that there is a very high risk of unsustainable displacement pressures at Northwick Park, Hillingdon, West Middlesex and St Mary's - unless exceptionally high buffer over-capacity is included as part of the reconfiguration.

17 CONCLUSION

We question whether the NW London STP, as currently presented, is capable of delivering the claimed community health improvements, especially for elderly residents with chronic conditions.

We cannot locate robust evidence which supports the claims that the savings from community based health improvements will be genuinely achieved and within the STP timescale.

We are concerned at the serious omissions and lack of material supporting analyses in the NHS components of the NW London STP. These are set out above.

We also understand that concerns are emerging that the capital and revenue financial support previously considered necessary to implement SaHF may no longer be available. This clearly needs to be clarified and its implications assessed before key decisions are made.

These concerns and omissions leave us with the impression that the draft STP has more in common with an office based paper exercise drawn up by management consultants and NHS bureaucrats – rather than by stakeholders with an intimate understanding of the services involved.

We continue to be concerned that despite the “head start” provided by SaHF, the NHS aspects of the SaHF/STP implementation remain at such a vague and imprecise level. We find this difficult to accept given the time and extensive resource which the NHS community has allocated to SaHF and the STP since 2012.

APPENDICES

- Healthwatch “Activities”
- Deprivation Map
- NHS NW London Local Hospitals diagram circulated by the STP team to all the NHS NW London Lay Partners.

JMG 20th October 2016

LEGAL POWERS OF HEALTHWATCH EALING

Extracts from Healthwatch England Guidance

What does the Legislation say local Healthwatch must do?

Local Healthwatch are corporate bodies and within the contractual arrangements made with their local authority must carry out particular activities. A lot of the subsequent legislative requirements are based on these activities which include:

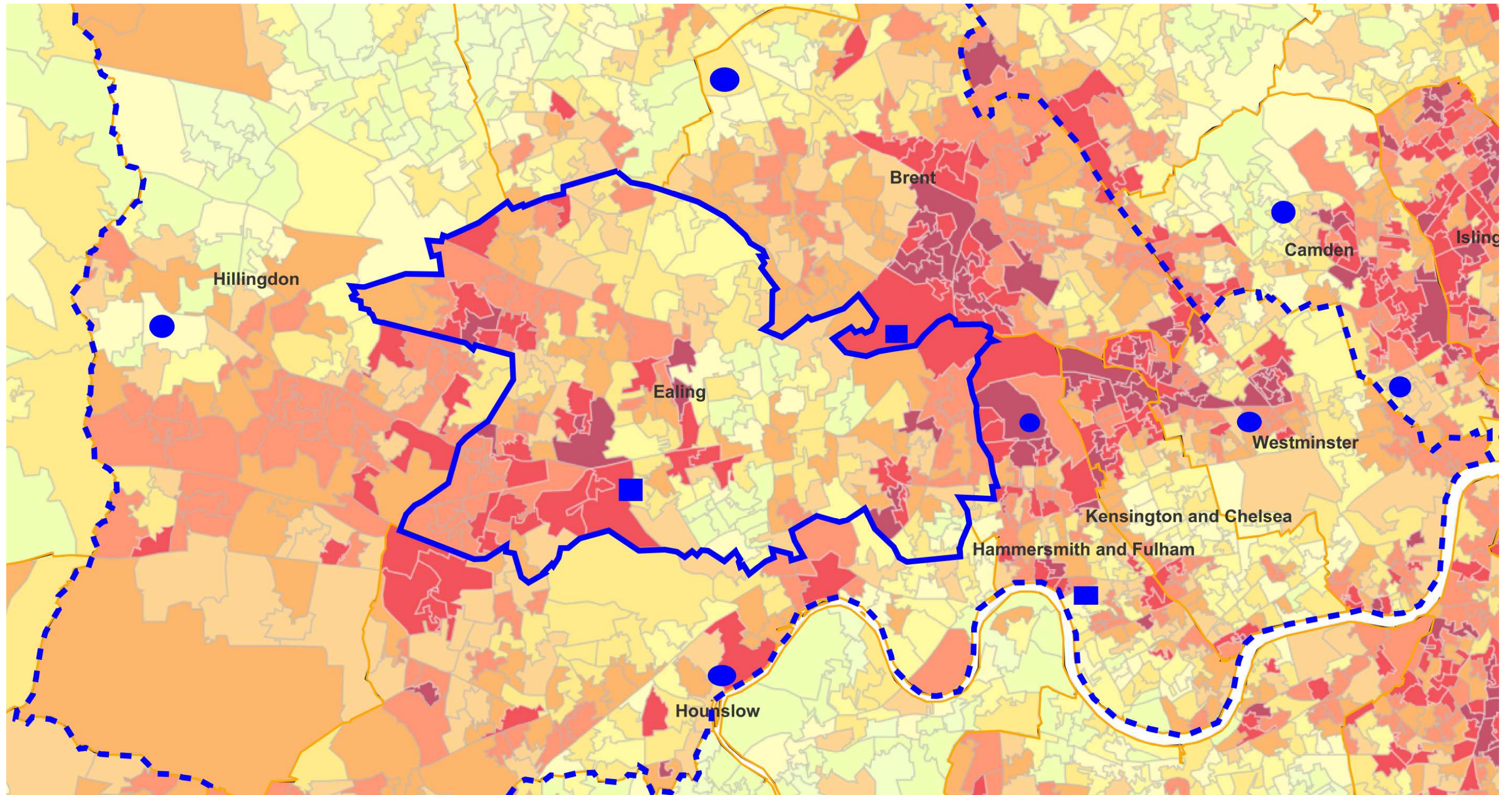
1. Promoting and supporting the involvement of local people in the commissioning, the provision and scrutiny of local care services.
2. Enabling local people to monitor the standard of provision of local care services and whether and how local care services could and ought to be improved.
3. Obtaining the views of local people regarding their needs for, and experiences of, local care services and importantly to make these views known.
4. Making reports and recommendations about how local care services could or ought to be improved. These should be directed to commissioners and providers of care services, and people responsible for managing or scrutinising local care services and shared with Healthwatch England.
5. Providing advice and information about access to local care services so choices can be made about local care services.
6. Formulating views on the standard of provision and whether and how the local care services could and ought to be improved; and sharing these views with Healthwatch England.
7. Making recommendations to Healthwatch England to advise the Care Quality Commission to conduct special reviews or investigations (or, where the circumstances justify doing so, making such recommendations direct to the CQC); and to make recommendations to Healthwatch England to publish reports about particular issues.
8. Providing Healthwatch England with the intelligence and insight it needs to enable it to perform effectively.

Section 1.1 of "Understanding the Legislation", April 2015

LB EALING - MULTIPLE DEPRIVATION & HOSPITALS

Areas shaded dark red have the highest deprivation

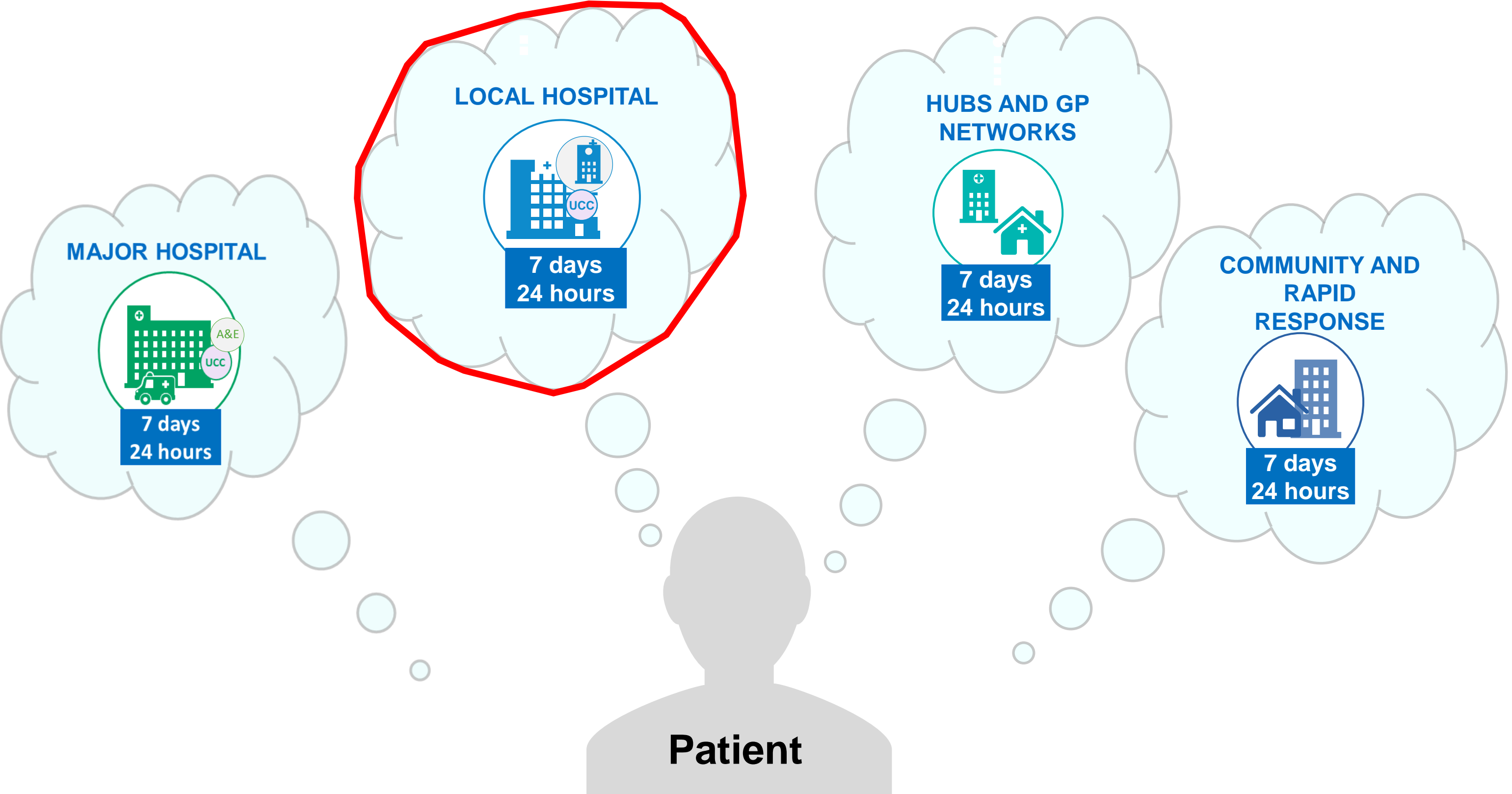
Ealing, Charing Cross and Central Middlesex Hospitals shown by blue squares, other hospitals shown by blue circles



Transforming acute services - summary

North West London Collaboration of
Clinical Commissioning Groups

As people are living longer with more complex health needs we need to change how we provide care to best meet patient needs. We are developing specialist hospitals to improve health care and introducing more services outside of hospitals and closer to your home.



Transforming acute services - timeline

North West London Collaboration of
Clinical Commissioning Groups

