Kensington and Chelsea Local Involvement Network statement on ‘Shaping a healthier future – Consultation document’

1. K&C LINk understands the clinical case for change and supports the concentration of specialist services in five Accident and Emergency (A&E) departments over North West London. We are persuaded by the argument that this will save lives by providing higher quality care and that the current level of A&E coverage means too sparse provision of clinical expertise - in particular we welcome the undertaking of 24 hour consultant coverage. We welcome the move to improved Out of Hospital services and see these as the essential building block, which must be in place and effective before any reduction of current hospital services. The K&C LINk is seeking additional information on the safeguards and key indicators of success in the Out of Hospital (OOH) strategy to ensure patient safety at this time of change.

2. Moving services and human resources to an out of hospital setting will involve retraining large numbers of staff to work in a different environment requiring a different skillset, greater independence and responsibility. We have not seen any studies on the feasibility of this, and seek assurances that existing staff are willing to make this transition.

3. K&C LINk members have been involved throughout the consultation process through the Patient Public Advisory Group (PPAG) and have welcomed the open sharing of pre-consultation documents. However the initial stages of the consultation were very poorly attended and in view of the Olympics we consider the consultation period should have been extended. There has been a lack of information in accessible formats and the questionnaire is wordy and obscure and does not encourage an open thoughtful response. More attention should have been given at an earlier stage to the OOH strategy with consultation with voluntary and community groups and public consultation. There remains considerable work to be done to explain this to the public.

4. We support ‘option A’ to retain A&E services at Chelsea and Westminster Hospital and St Mary’s. Option B would threaten the viability of Chelsea and Westminster Hospital. Chelsea and Westminster is financially robust and the Chairman has given assurances at a public meeting that expansion could be funded from Trust resources. We have had positive feedback on the services at Chelsea and Westminster Hospital and are impressed by the hospital’s commitment to quality and willingness to work with K&C LINk in responding to concerns so as to improve patient experience. There are however some concerns about A&E performance at Chelsea and Westminster and an expanded A&E department must guarantee 24 hour consultant cover. We seek assurances that Chelsea and Westminster is able to meet increased demand for A&E, particularly in view of an expanding population of many thousands in Warwick Road and Earl’s Court. We are not convinced that the modelling has taken account of this population expansion.
5. There would be considerable concern about increased travelling times and access to A&E units if ‘option B’ (closure of Chelsea and Westminster Hospital A&E) were adopted.

6. We are very concerned that Imperial will not be able to make the necessary changes to relocate services at St Mary’s. The closure of A&E at Charing Cross necessitates the moving of the regional hyper-acute service and also vascular surgery and neurosciences, and the A&E must not close until this has been successfully completed. All of this will mean extensive rebuilding work and it is not clear how this is to be financed. Some of the current buildings at St Mary’s are in a Dickensian condition with older people’s wards in portacabins and outpatients clinics in basement rooms. Older people find the site very difficult to navigate. As part of the rebuild the current buildings need urgent upgrading. A spokesman from Imperial stated at a public meeting that there is sufficient land to rebuild but the main problem is where the money is to come from. K&C LINk is seeking firm assurance that St Mary’s will be upgraded before Charing Cross is downgraded.

7. In addition we have been concerned over recent months about issues of quality at Imperial including the failure to meet waiting list targets and the poor experience of cancer patients.¹ These issues are being addressed but we would wish to see a stronger record on maintaining quality before taking on additional responsibilities.

8. The National Commissioning Board has decided to replace the 28 cancer networks and 28 combined heart and stroke networks with 12 of each with the intention of driving up standards of treatment in hospital and help patients affected by those three conditions². The K&C LINk want to ensure that clinical expertise is retained, that adequate funding will be provided and that specialist advice is available to the West London Clinical Commissioning Group.

9. K&C LINk welcomes the plans for improved out of hospital services and has been represented on the NW London Out of Hospital working party. However we continue to have a major concern that the out of hospital plans are less well developed than the A&E reorganisation. The whole project depends on the out of hospital services being in place before any closure of hospital services. We are concerned as to how this development of OOH services is to be financed. The NHS West London Clinical Commissioning Group Out Of Hospital Strategy identifies £5m-£7m will be required to be invested in primary and community care to deliver its ambitions. The West London Clinical

¹ Macmillan: exposes hospitals failing to provide adequate care for cancer patients (Macmillan, 29 Aug 2012)
http://www.macmillan.org.uk/Aboutus/News/Latest_News/Macmillanexposeshospitalsfailingtoprovideadequate
careforcancerpatients.aspx

² National Commissioning Board: Strategic Clinical Networks (NCB, 26 July 2012)
Commissioning Group Out Of Hospital working group has indicated that there will need to be pump priming finance in advance of the changes outlined in Shaping and in support of the OOH initiatives integrating health and social care. These are proposed as priorities for the West London Clinical Commissioning Group’s Commissioning Intentions for 2013/14.

10. Without this commitment it is impossible for the CCG to make realistic plans or for the public to have confidence that improved care will be delivered. In the future the OOH strategy depends on savings made through the reduction of hospital beds. We are concerned that the projections on this are over optimistic. In particular the rolling out of the integrated care pilot may not deliver the projected decrease in hospital admissions. This scheme is still in pilot stage and research from elsewhere is not promising\(^3\). If the savings on hospital beds are not realised there is a real danger that patients in the Royal Borough of Kensington and Chelsea will get decreased access to emergency services and no noticeable improvement in integrated out of hospital care. More exact timetables with expected outcomes and targets for achievement are essential.

11. In particular there is insufficient detail at present about the exact services provide by Urgent Care Centres and Local Hospitals. The leaflets on these arrived very late in the consultation process and it is unclear how standardised the services will be. Local people need to know what they will be able to get at each centre e.g. facilities, diagnostics and where they will go for each particular condition e.g. cancer, paediatrics, mental health and maternity. Locally, it is not clear what services will continue to be offered at St Charles and how Urgent Care Centres attached to an A&E will differ from service provision on stand-alone sites. Where services are to be specialised there is a removal of choice for the patient, therefore it is important that these services are monitored to ensure that they are run in a sensitive manner, are accessible, and that all staff are trained in accordance with a robust equality delivery strategy. K&C LINk would welcome the opportunity to engage on the Urgent Care Centre working group.

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\(^3\) DH: Report on evaluation of integrated care pilots (DH, 22 March 2012)  