

Mr J Zitron
Chair
NWL NHS
Southside
105 Victoria Street
London
SW1E 6QT

June 21st 2012

Re- Shaping a Healthier Future Reconfiguration consultation

Dear Mr Zitron

Now that the consultation document has reached the final stages of approval we thought it would be helpful to provide a formal response on the process to date.

We would like to thank NWL NHS for being open and transparent and facilitating access and involvement in the development of the case for change and consultation documents. The level of information and willingness of senior clinicians, GP's and project staff to discuss matters of concern, listen to our opinions and accept advice has enabled us to have confidence in the process to date.

The need to deliver major changes to meet the challenges facing the NHS in NWL is clearly evidenced and we wholeheartedly support proposals to redesign the delivery of Out of Hospital care and improve the quality of care in our hospitals.

Representing patients and carers across NWL means there are differing local views around the proposals for Accident and Emergency services and each LINK will respond as part of the consultation with their resident's views. As individuals we support the need and see the benefits to patients of redesigning Accident and Emergency services to improve the quality of care.

There are a number of concerns that we feel need to be highlighted if any of the reconfiguration proposals are to be successfully delivered.

1. A clear model of an urgent care centre and what it will deliver, at the moment public perception is very different to the reality. There is also significant variation between existing Urgent Care Centres and the quality of service they deliver. We endorse the NCAT report recommendations with regard to UCC's. The modelling needs to be available for the local consultation events planned for July onwards.
2. Out of Hospital care is heavily reliant on integration with social care, we are disappointed to note the lack of detail and sign up to the document by Directors of Social Service. It is far from clear the extent to which local authorities will cede control of care to GP's and pool budgets/risk share, an important requirement for success.

3. Mental Health, particularly for those under 65, is given very little profile in the consultation documentation yet will be a key component of success.
4. Under the proposals Carers will be faced with increased challenges and a need for additional respite care and other services. It is far from clear in the documentation how this will be delivered, particularly in light of the current situation where carer's funding is not ring fenced.
5. The proposed timescale for the delivery of any option is extremely optimistic, especially if the Out of Hospital Strategy is to be put in place first. We feel a more sensible timescale should be used otherwise it challenges the credibility of the document.
6. The model used to develop the options for change assumes NWL NHS will achieve its share of the required £20 billion NHS efficiency savings, a level of saving never previously achieved. The consultation documentation clearly highlights the financial challenges faced by the NHS and the risk this poses to the quality of services. We feel it necessary to point out that in 3 or 4 years' time even if a large proportion of the proposals were delivered the NHS in NWL would still be struggling to achieve financial balance with its current resources. This could jeopardise the long term ambitions of the project as the education and prevention agenda will be put at risk
7. The consultation provides an excellent opportunity to explain and promote to the public at large a range of issues. Failure to do so will significantly impact on some of the assumptions made in the options. To do this you need to ensure that information and events are tailored to local requirements and synchronise plans with existing local NHS public engagement. Unfortunately this does not appear to be the case, the various communication and engagement teams in a number of boroughs do not appear to be working in a co-ordinated way and some local PCT's lack adequate resources. Why for example are patients being excluded from consultation events being organised at hospitals?
8. In light of the above we need to ensure vulnerable patients and community groups are protected. The current equality impact documentation demonstrates a need for an action plan in this regard.

We trust our comments are helpful and look forward to continuing to work with you and your colleagues as the reconfiguration project moves into the next phase.

Yours Sincerely



Trevor Begg

Chair Hillingdon LINK and NWL NHS PPAG for and on behalf of

Carmel Cahill- Chair Ealing LINK, Christine Vigars- K and C LINK, Julian Law- Chair Harrow LINK, Paul Wilson- Chair Westminster LINK, Laretta Johnnie- Chair H and F LINK, Robert Hardy-King- Chair Hounslow LINK, Mansukhlal Raichura- Chair Brent LINK.

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