



## Mythbuster

North West London

# The truth about proposed changes to NHS services North West London

Since the 'Shaping a healthier future' public consultation on proposals to change health services in North West London started on 2 July, we have had lots of questions from local residents about how the proposals could affect them and there has been a lot of discussion about the changes in the local press as well.

Some of this discussion has been well informed, considered and a helpful contribution to our consultation. But some has been inaccurate and speculative. Here we tackle some of the most frequently heard myths and rumours with accurate information about the programme.

If you have other questions or concerns that we have not answered here please do get in touch with the Consultation Response Unit using the contact details below.

### Myth:

Hospitals will close

### Truth:

No hospitals will close. Some will change.

Under the proposals all nine hospitals in NWL that are part of this consultation will continue to provide the majority of the services that they do today.

Those that are not designated as 'major hospitals' will be 'local hospitals' and will have services that are closely tailored to the needs of their local community, many with new buildings and facilities purpose-built for those neighbourhoods.

This will always include 24-hours-a-day, seven-days-a-week access to GP-led urgent care. It will also include diagnostic tests like ultrasounds and x-rays and better nursing, rehabilitation services and community education programmes.

Under our preferred option (Option A as described in the consultation document and on our website) this would be the case for Charing Cross Hospital and Ealing Hospital, while Central Middlesex Hospital would be both a local hospital and an elective hospital.

Those that are 'major hospitals' will have all of these 'local hospital' services plus A&E, trauma care, emergency surgery, intensive care, an obstetrics and midwifery unit and inpatient paediatrics.

## Myth:

These plans put patients at risk

## Truth:

Quite the opposite. In fact, the clinicians who have put forward these proposals are convinced that they will actually save lives, not threaten them, and ensure patients get the best possible care for years to come.

The fact is that care in NW London needs to change in order to be safe and effective for patients. This is because we have a growing and ageing population whose needs are changing. Many people now live for years with long-term conditions like diabetes or asthma that do not normally need hospital treatment but do need good, proactive local management and care as well as access to specialist support and skills if there are complications.

It is also because our specialists are spread too thinly over too many sites – a serious issue that can, in extreme cases, have very serious consequences for patients. Some of our A&Es are on sites without a full range of emergency services so, for example, a patient could be admitted at the weekend with a need for emergency surgery but there may be no senior surgeon available on site.

By concentrating emergency surgery, A&E and paediatrics onto five 'major hospital' sites (and maternity onto six sites, including Queen Charlotte's and Chelsea Hospital at Hammersmith Hospital) we will ensure that the right level of senior, expert cover is provided at all times.

We are not proposing anything here that is not based on firm clinical evidence. In fact, a lot of this type of change has seen great success elsewhere. For example, centralising specialist stroke services in London onto eight hyper-acute stroke units is estimated to have prevented around 400 deaths in the capital every year since it was implemented.

We believe that with these proposals comes an opportunity to improve care and results in NW London that we simply cannot afford to miss.

## Myth:

Closing A&Es will cause patients to suffer as they will have to travel further for care

## Truth:

We would not do anything that would put patients at risk.

Firstly, there is good evidence that in serious or complex cases it is better for patients to travel further and access exactly the right care than it is for them to go to a nearer hospital which may not have the right specialists, right equipment or sufficient experience of treating patients with their condition.

Having said that, the vast majority of people who now come to A&E can be treated at an urgent care centre on the same site and under the proposals all sites will have one that is open 24-hours-a-day, seven-days-a-week. In fact, many people are already being treated at urgent care centres without even realising it. In NW London we already have urgent care centres at all nine of our acute hospital sites.

For anyone that does need to go to a different A&E (under our preferred option we anticipate that only a very small percentage of A&E attendances would need to move) we purposefully considered the geographic location of hospitals as well as public transport and access and developed proposals to ensure that travel times were not badly affected.

That is why we have recommended for example that Hillingdon and Northwick Park need to be two of the five Major Hospitals - because they are further away from other hospitals. And under all the options we have proposed patients would have to travel on average no more than six minutes longer than they do now.

Patients who dial 999 and go to hospital by ambulance or are seen first by their GP will be taken straight to the appropriate type of hospital. For the very small number of patients who need a specialist A&E service but who get to urgent care centres by their own means, staff at urgent care centres will also be skilled in stabilising patients and arranging for rapid transfer to an A&E if needed.

This all means that specialist A&E services and senior doctors will be better able to focus on those patients who really need them while those with less serious or complex conditions can get faster, more convenient treatment.

## Myth:

Urgent Care Centres are not up the job and many people don't know what they are

## Truth:

It is true that many people do not know what an urgent care centre is and this is often because they are operating as part of existing A&Es and so patients cannot tell the difference. There are already urgent care centres at all nine of the acute hospital sites in North West London.

In short, an urgent care centre specialises in treating patients with urgent illnesses, injuries and conditions that can be seen without the patient having to stay in hospital. They are usually staffed by GPs and nurse practitioners.

In NW London we have some successful urgent care centres, providing a very high quality of care with high patient satisfaction and low waiting times.

But we know there is still room for improvement. Under our proposals all urgent care centres will be open 24-hours-a-day, seven-days-a-week and will:

- see and treat patients within four hours of arrival – at least as quickly as at A&E;
- be led by primary-care clinicians such as GPs;
- be linked with other services such as the new non-emergency phone number for the NHS (111);
- have access to tests and specialist clinicians.

We will also ensure that all the urgent care centres in NW London offer the same level of service. This will include things like: x-rays and other diagnostic tests, treatment for minor fractures and breaks, wounds that need stitches and minor ear, nose and throat infections.

## Myth:

Closing some A&Es will mean that others are overwhelmed

## Truth:

It is important to remember that we anticipate that even once we have made changes, most patients will be treated exactly where they would be treated at the moment.

In fact, under our preferred option for change (Option A as described in the Consultation document) 91% of patient activity would not be affected.

Most people who come to A&E can be treated at an urgent care centre and all existing hospital A&E sites will have an urgent care centre that is open 24 hours a day, seven days a week.

Other patients will benefit from improved access to community and local services and so will not need A&E or urgent care at a hospital at all – we think most people would prefer not to have to spend time in hospital if they don't need to. These improvements will be made before any changes to A&E take place.

We know that through improvements to primary and urgent care – better access to urgent care centres, GPs and local services – we will reduce demand on emergency hospital services.

We do though recognise that the hospitals that will have A&Es – our new 'major hospitals' – will need investment and extra resources and this will happen as part of the implementation phase, after decisions have been made once the consultation has finished.

In summary, having fewer A&Es (five instead of nine) will mean that, with additional investment, the teams and seniority in the remaining departments will be larger and more experienced.

## Myth:

Longer ambulance journey times will put patients at risk

## Truth:

The most important thing when it comes to blue light journeys is that paramedics can reach patients quickly in order to stabilise and treat them. At the moment, ambulances are based around the community to make sure this happens – this will not change.

Once a paramedic is with a patient they stabilise the situation, treat them and put up drips as needed. They then transfer patients (while closely monitoring them) to the best centre for their treatment.

It is proven (particularly through recent advances in stroke, heart attack and trauma care) that in the most serious and complex cases it is better and safer for patients to travel further to be seen by specialists in major centres.

It is also the case that NW London has some of the shortest blue light journey times in the country with 80% of people getting to hospital in 10 minutes or less. Under the proposed changes this will still be true for 70% of people with journey times increasing by an average of 5-6 minutes.

## Myth:

Making my hospital a 'local hospital' means that I won't get the care I need

## Truth:

The opposite is true. Local hospitals will continue to deliver most of the services that they do now but will also focus even more on tailored, local, day-to-day services. This will mean that they will be able to better serve the specific needs of their community.

For example, in Ealing there is a higher than normal prevalence of diabetes and so the local GPs and hospital doctors have recommended that the newly reconfigured local hospital to include a centre for diabetes care with specialists and support for GPs to help avoid the complications and duplications that occur now when care is less well co-ordinated.

## Myth:

A&E services will close before the improvements needed to primary care (like GP services) are made

## Truth:

No changes to hospitals will be made until improved primary and community services are in place. During this time, we will be investing over £120m in out of hospital care and only once this is adequate will changes to hospitals, such as to A&Es, be made.

## Myth:

Clinicians, particularly GPs, do not support the 'Shaping a healthier future' programme

## Truth:

Some do not, but an awful lot do support the programme. 'Shaping a healthier future' is being led by local GPs (the leaders of the eight clinical commissioning groups in North West London) and other doctors and we know that there are many from across patch who fully support the proposals.

Change is always tricky and though many are supportive of the programme's principles, local clinicians are concerned about how the proposals will affect staff and local facilities and understandably local clinicians want their own hospital to be a major one. The point of the consultation is to explore how we can best decide where the 'major hospitals' should be. The clinicians who are leading this programme are absolutely convinced that these changes will improve clinical standards and they have the support of the Royal Colleges as well as think tanks like the King's Fund and Nuffield Trust.

We do however want to know what you think. We'd particularly like you to read our proposals and give us your informed, independent opinion.

## Myth:

These proposals are all about saving money

## Truth:

These proposals are about improving clinical quality – giving patients better treatment and saving more lives.

However, there is no extra money so if we are going to maintain and improve health services and keep up with new technology and better treatment we have to find 4% to invest each year – so it's not about reducing costs but about spending what we have more efficiently and effectively.

In other words, if we want to deliver better care for years to come we need to find better ways of spending our money and that's what we've done with these proposals.

A good example of this is that we are planning to invest over £120m in out of hospital care. This money will go to improving GP access, local health centres and providing treatment in patients' home. This is a wise investment as it will enable us to proactively treat people in the community, preventing unnecessary hospital admissions that are both unpleasant for patients and costly for the NHS.

## Myth:

Decisions have already been made so there's no point in responding to the consultation

## Truth:

We haven't made any decisions yet and our recommendations will benefit hugely from the considered responses of as many people as possible from across all of North West London and beyond.

The consultation lasts from July until 8 October so that everyone has time to digest and understand the proposals, come to events, ask questions and consider and submit their responses.

If anyone can't make it to an event then all materials and the response form are available online or on request by post. We have a dedicated consultation website, email address and freephone number and the details for these are below.

Once the consultation closes the responses will be analysed and reported on by an independent organisation (Ipsos Mori) before a final recommendation is made to the Joint Committee of Primary Care Trusts.

## Myth:

These plans are being made in secret

## Truth:

The public consultation was launched following an extensive pre-consultation engagement period where the proposals were developed with help from patients, public representatives and clinicians from across North West London.

At three major public events between January and June 2012 emerging ideas were discussed and debated and all of those discussions helped clinicians to refine develop the proposals that have now been put forward for consultation.

During public consultation we want as many people as possible to read about the proposals, come to our events, ask questions and let us know what they think.

There are no secrets – there is a full consultation document and further information online and you can also get in touch with the consultation team to request more materials and more detailed information. All our Board papers and background information, including the highly detailed Pre-Consultation Business Case, is on our website.

We have so far distributed more than 60,000 consultation documents with more on their way and over 500,000 summary leaflets across North West London and neighbouring boroughs. These can be found in GP surgeries, libraries, hospital waiting rooms and town halls along with supporting materials. You can also request documents, including braille, audio, easy read and translated versions, directly from the consultation team using the contact details below.

**Further details of the changes proposed as part of the ‘Shaping a healthier future’ programme can be found at [www.healthiernorthwestlondon.nhs.uk](http://www.healthiernorthwestlondon.nhs.uk).**

You can also request a copy of the consultation document by:

Email: [consultation@nw.london.nhs.uk](mailto:consultation@nw.london.nhs.uk)

Phone: 0800 881 5209 (Freephone)

Post: FREEPOST SHAPING A HEALTHIER FUTURE CONSULTATION

(This must be written in capital letters and on one line. No stamp required).