Dear Consultation Team

Response to “Shaping a healthier future”

Who we are:
The Community Voice is an umbrella organisation concerned exclusively with good NHS services in NW London and SW Hertfordshire. Our membership comprises over forty local residents’ associations, community and patient groups, and branches of the three major political parties, plus individual members.

How we gathered members views:
During the period prior to public consultation members were regularly updated about the development of “Shaping a healthier future”, at both our monthly meetings and in our monthly mailings. Copies of the consultation document were available at our September 2012 meeting. Members were invited to submit comments on the proposals for inclusion in our corporate response and we debated issues at our October meeting. The views received from these sources form the basis for the comments submitted here.

Enhanced 24/7 services:
We applaud the vision of the proposals. The provision of enhanced 24/7 services in hospitals would improve outcomes for patients, as demonstrated by NHS London’s centralised stroke and trauma services.

Hillingdon and Northwick Park Hospitals:
Geographically, our membership is served primarily by these hospitals, both of which are proposed as major hospitals in all three consultation options. We welcome strengthening of the services at these hospitals, which we trust will match their expected increase in workloads. We applaud recognition that their retention as major hospitals is essential, to provide local services for the populations of Harrow and Hillingdon and to cover the risk of major incidents at Heathrow airport or on nearby motorways.

Major hospitals and elective hospitals:
We endorse both the reduction of major hospitals from eight to five and the preferred option for West Middlesex Hospital and Chelsea and Westminster Hospital to join Hillingdon, Northwick Park and St Mary’s in that role. We believe that the changes proposed for Hammersmith Hospital are pragmatic and acceptable. The provision of elective services at Central Middlesex Hospital is of direct relevance to a section of our membership and the proposals are recognised as a pragmatic compromise. Providing elective services at the hospitals without A&E departments is seen as protection of those services. The proposed transfers of services from Charing Cross and Western Eye Hospital are seen as acceptable.

Urgent care centres:
We welcome the proposal to provide urgent care centres at all nine hospitals in the sector, as a useful service for patients, which will also reduce pressures on A&E services. However, we are concerned that contracts for urgent care centres clearly specify what is expected and that the services provided are closely monitored.

Maternity and paediatric services:
The proposal to co-locate these services in major hospitals is welcomed, as is the retention of maternity services at Hammersmith Hospital.
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Community Services:
Improved services in the community would greatly benefit patients, but for each service the pros and cons of delivery site need careful assessment, before changes are made, particularly in the current financial climate. It is uneconomic to duplicate diagnostic equipment on every potential consultation site, but without such facilities the advantage of a service in the community could be outweighed by the lack of immediate and accurate diagnoses, and resultant delays in appropriate treatment could adversely affect patient outcomes. Similarly it is uneconomic for consultants to spend much of their time travelling between venues, when they could see more patients in a hospital setting.

In our view the sooner a patient sees a consultant the better. We urge initial triage in hospital by an appropriate consultant with access to full diagnostic equipment, followed by routine treatment in the community where possible. This clearly contrasts with the practice currently developing of patients being triaged by both their own and other local GPs before referral to consultants. Also, to speed early diagnosis, when a consultant believes another opinion is needed, consultant to consultant referral should be encouraged, without reference to the patient’s GP.

Implementation hazards:
The consultation proposals for local services provide an excellent long-term goal, but implementation will take time, ingenuity, financial resources and appropriate staff – all of which may be inadequately available.

Also, co-operation between NHS and local Social Services would be an essential factor in success of the current proposals, but co-operation and integration have been elusive in the past and we are not confident that they will be achieved without major changes in funding, organisation and culture.

We particularly fear the consequences of early closure of hospital services to meet financial targets, before corresponding community services have been established. Furthermore, lack of transition costs, unsynchronised funding transfers, and inadequate funding of new services could have disastrous consequences for patients. In some cases good community services may cost as much or more than hospital services, which could deter their introduction.

Where hospital services are closed, it is imperative that the hospitals to which patients are then referred are sufficiently resourced with equipment, beds and staff to meet the increased workload and that public transport facilities are reviewed, and modified if necessary, to meet increased demand.

Conclusion:
Our members endorse the consultation proposals as long-term goals but urge great caution in their implementation to avoid the many hazards identified above.

Yours faithfully,

Joan Davis,
Chairman

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