

Why is there a review of services in North Central London?

- The NHS is facing unprecedented challenges over the next five years, in terms of greater demand on services, with less funding than in recent years and continuing inequalities in the way health and standards of care are provided across the area.
- The 16 NHS organisations in North Central London (NCL) (five Primary Care Trusts, eight acute trusts and three mental health trusts) are coming together to face these challenges, recognising that everyone – from hospitals to GPs and pharmacies – needs to work better together to improve the overall health of the local population.
- In 2007, Lord Darzi set out in *Healthcare for London: A framework for Action* why health services in London needed to change. He said: “There are stark inequalities in health and the quality, safety and experience of patient care is not as good as it could, and should be”. The report was consulted on during 2007/8 and forms part of the framework for the NCL service review.
- Key recommendations from Lord Darzi were:
 - Bringing together acute specialist care (for example, treatment for stroke, trauma, complex emergency surgery, specialist children’s services) on particular sites
 - Improving access to primary and community care, offering a better co-ordinated and broader range of health services in local communities
 - Implementation of the polysystem model, under which a single location acts as a ‘hub’ for local services, offering treatments such as physiotherapy and nursing care, and complementing local GP practices, mental health services and hospitals
 - New ways of providing care in areas such as maternity, children, mental health, end of life care and long term conditions
 - A specific focus on investment in less healthy communities and helping them to lead healthier lifestyles
- While *Healthcare for London* focuses on moving care closer to patients’ homes, based on the principle “specialise where necessary, localise where possible”, the main drivers for service and organisational change within the North Central London sector are
 - Improving quality
 - Ensuring services can be provided within the resources available by organisations that can maintain high quality on an ongoing basis.
- The full Case for Change document for the NCL Service and Organisation Review is available online at <http://www.islington.nhs.uk/About-Us/NCL%20-%20CaseForChange.pdf> or you can request a copy by emailing ncl.queries@islingtonpct.nhs.uk

What has been happening so far?

- Clinical leaders and NHS organisations in North Central London have been working on the best way to deliver better quality care and better value for money in the future.
- The number of possible ways that this better care could be implemented are being considered and refined so that a clear set of proposals can be developed for wider discussion and development.

I heard that the consultation has already started. Is this true?

- No, consultation can only start once firm proposals for change have been agreed – and we are not at that stage yet. Some early engagement has been carried out and is helping to inform the JCPCT and the local Primary Care Trusts (PCTs) (the committee which will make any decision to go to consultation), along with advice from a Clinical Advisory Group and a Technical Advisory Group.
- Public engagement will continue throughout 2010, working with LINKs and other public, patient and staff groups. Elected representatives such as MPs and GLA members will also continue to be briefed, as will Local Authority Leaders and their Chief Executives.
- Once the Joint Committee of PCTs has agreed a set of firm proposals for change, pre-consultation will begin, in preparation for a formal consultation process. Formal consultation is unlikely to take place before late 2010 at the earliest.
- The work of the review draws from the extensive consultation that was carried out on the *Healthcare for London* proposals in 2007/8. The initial feedback from early engagement is consistent with that consultation. For example, at a recent event in NC London involving a group of 80 local people, drawn from across the sector:
 - 82% agreed, or strongly agreed, that changes were needed to the way hospital services are currently provided (compared to 76% saying this at the start of the event);
 - 63% said they thought delivering specialist services from a reduced number of hospitals was ‘the right thing to do’ (compared with 21% at the start);
 - The main concerns were about how easily and quickly health services can be reached and how safe services would be if delivered in new ways, in new locations, as well as whether there were enough allowances made for money, facilities and staff.

What will the review mean for access to health services in my area?

- Access to health services will improve under the plans each PCT has in place to develop polysystems. These will ensure that the most frequently needed services are provided closer to home, so reducing travel times and improving access for routine treatments.
- Key specialist services (e.g. for difficult cancer conditions and complex surgery) will be concentrated onto a smaller number of sites, where there is evidence that this will improve the outcomes for patients. This approach is already working well for conditions such as heart attack or stroke.

- It will be important to ensure good public transport access to health services. Once firm proposals for change have been developed, a full transport analysis will therefore be undertaken of the impact each proposal might have on travel times for local people. This will be considered along with other factors before any service changes are made.

What happens if I need emergency care?

- Every year millions of Londoners have non-life threatening short-term illnesses or health problems for which they need prompt and convenient treatment or advice. Most of these urgent care needs are best dealt with locally, through GPs, local pharmacies and services like NHS Direct.
- We therefore want to develop more urgent care services, both in local communities and at the “front end” of every A&E department, to ensure that access to this urgent care improves and is better linked to other primary care services. Urgent care centres at A&E should be opened on a 24 hour basis and be staffed by multidisciplinary teams including GPs, nurses, emergency care practitioners, as well as staff skilled in dealing with maternity, substance misuse and mental health problems.
- A much smaller number of people suffer from a serious illness or have a major injury which requires swift access to highly skilled, specialist care. In these serious emergencies, it is critical that the ambulance and paramedic arrive as soon as possible to provide treatment at the scene. It is this treatment at the scene and then going to the most appropriate onward treatment centre – not necessarily the nearest – that produces the best outcome.
- The London Ambulance Service is continually reviewing response and travel times and new services in North Central London will only be introduced where effective ambulance response and transfer times can continue to be met.
- 24 hour services for emergency cases will continue to be provided but we need to ensure that there is also improved access to senior clinical staff, particularly for those who are most seriously ill. It is very difficult to achieve this on a 24 hour basis across a lot of sites.
- From studies which have already been undertaken, we know that about half of those who currently attend our A&E departments could get the care they need more easily and conveniently outside those hospitals once polysystems and urgent care centres are in place.

The hospitals already seem very busy. If services change, will there be enough hospital beds to care for those who need them?

- We believe there is potential to make much better use of the existing bed capacity and facilities in our hospitals. We also want to ensure that services are provided from buildings which are fit-for-purpose and will properly assess capacity implications for each hospital.
- Advances in medicine mean that more care can now be provided that requires either no admission or a very short hospital stay. At the moment, patients in NCL hospitals often stay longer than elsewhere. As our hospitals bring this length of stay more in line with the better performing hospitals, and more activity is moved to local settings, fewer hospital beds will be needed.

- Most people attending our A&E departments at present have in fact “walked in” and could be treated more quickly and more appropriately outside hospitals – for example in urgent care centres or polysystems.
- Many of those who must currently attend hospital for outpatient or diagnostic appointments will in future be able to have their care provided more locally through polysystems, further reducing pressure on hospitals.

Is this about closing A&E Departments?

- No. This is not about closing hospitals or closing A&E departments – it is enabling them to better focus on the things they do best. Nor is it about specific, individual hospitals or areas – it is about improving the quality of healthcare for all in North Central London, as set out in *Healthcare for London*.
- From studies which have already been undertaken, we know that about half of those who currently attend our A&E departments could get the care they need more easily and conveniently outside those hospitals once the planned polysystems and urgent care services are in place.
- For non-emergency cases, the development of polysystems and urgent care services will ensure that more local care is provided to match the peak times for demand.

But I heard that you have already decided to shut the Whittington A&E. Is that right?

- No, the JCPCT has accepted the recommendation from the Clinical Advisory Group and the Steering Group that the Whittington cannot fulfil the role of a major acute hospital in the future. It will continue to provide a range of local hospital services, up to and including A&E (as per the model outlined in *Health Care for London*). The JCPCT is still considering a range of possibilities for the various hospital sites across North Central London and no decisions about A & E services have yet been taken. Any proposals would be subject to formal consultation.
- Separate to the work of the review, NHS Islington is already planning to develop an Urgent Care Service on the Whittington site. This is in keeping with *Healthcare for London*'s recommendations that there should be Urgent Care Centres on all acute hospital sites.

What happens if I get sick in the middle of the night?

- There will continue to be a range of options to deal with non-emergency cases that arise during night-time hours. These include NHS Direct, 24-hour pharmacies, GP out of hour's services and 24 hour urgent care services, as well as access to ambulance services and hospital care if necessary.

I've heard that this is about cutting budgets? How will this affect my care?

- The main driver is to ensure that health outcomes for people in North Central London improve, but the current economic climate means that all parts of the public sector, including the NHS, are facing very difficult financial constraints. So the priority to improve clinical care needs to be combined with a strategy to ensure demand can be met with little or no additional funding.
- If healthcare in NCL remains the same, it will become increasingly unaffordable creating a deficit of between £640m and £860m over the next five years