



Hounslow Health & Adult Care Scrutiny Panel Draft Response to Shaping a Healthier Future Consultation

The two nominated Hounslow Cllrs on the Joint Committee Health Overview & Scrutiny Committee for NW London have met with local health commissioner and provider representatives to help formulate the Hounslow Health & Adult Care Panel's response to the Shaping a Healthier Future Consultation and ensure that it reflects any local concerns.

At the time of writing, Councillors were still awaiting feedback from colleagues at West London Mental Health Trust and the Director of Public Health on the proposals. Any specific issues raised by these colleagues will be reflected in the Panel's final response.

The Panel have not yet decided if in their final response they will support a particular Option in the consultation document. This will be determined following further discussion with the Chair and Panel Members. Emerging headline messages that will inform the final response are as set out below:

Access to primary care & Population Growth rate in Hounslow

Historically, access to primary care services in Hounslow has been an issue for residents. In 2008, a national Department of Health initiative identified that Hounslow PCT was in the 25% of PCTs with worst provision. Members recognise that parts of the borough have seen rapid population growth which can lead to inconsistencies in access and access issues in general. The 2011 census figures show that there has been a 17% increase in population figures. *This is the fifth highest increase across all authorities in England and Wales.*

The success of the proposals relies on comprehensive out of hospital care services being in place which have appropriate capacity for the local population. The Panel remains concerned about appropriate capacity being available in out of hospital care to divert patients from hospital.

The Commissioning Consortia has highlighted the challenge of ensuring that Urgent Care Centres are not used as an "overflow" for patients who are unable to access urgent appointments in their local GP Practice. There is a tension between urgent and planned primary care appointments which needs to be resolved. The Panel strongly believes that this is a key challenge which is instrumental to the successful delivery of the proposals. The Panel in their monitoring role will consider how this issue is resolved at a local level.

Robust Contract Levers for General Practice

The NHS Commissioning Board must put in place robust contract levers to help ensure that GPs deliver the quality standards and vision for primary care set out in the consultation document. There should be clear contractual levers for non-compliance which are closely and effectively managed.

Finances

It is imperative that the Hounslow CCG is in financial balance when formally constituted in April 2013; *there must not be a transfer of legacy debt from Hounslow PCT to the newly formed CCG.* The Panel see this as a key risk of implementing the proposals set out in the consultation document.

Transport

As a result of the proposals, residents may need to travel further to access specialist services. This includes attending follow up appointments. The CCG in Hounslow has recognised this is a new problem with hospitals adopting more stringent policies on what can be provided. We know from evidence received from the JHOSC that some patients have been deterred from attending follow up appointments where transport is not made available.

We see this as a risk to patient care. *Patients must not be deterred from attending follow up appointments because of the cost of travel.* There needs to be a review of hospital transport criteria to ensure consistency in what hospitals provide so that vulnerable patients who have no other means to get to appointments receive the support they need.

If following the consultation West Middlesex is designated a major hospital it is imperative that there is an additional bus route put in place to allow Ealing residents to travel to the hospital site. Current transport links are very poor. We believe that there is a business case in terms of population to support the additional route.

Risk Assessment

The Panel is aware of the request made by the Joint Health Overview & Scrutiny Committee to see a risk register in relation to the programme. The Panel understands that this has not yet been completed and will be worked up following the adoption of a specific option.

The Panel is extremely surprised that a programme of this scale does not identify headline risks and mitigating actions in relation to the implementation and delivery of the proposals at the outset. The Panel does not find this to be a satisfactory or robust approach to risk management and cannot understand why implementation and delivery risks will only be considered fully following the completion of the consultation process.

Equalities Impact Assessment

The Panel recognise the work that has been done to date on establishing the equalities implications of the proposals. The Panel feels this is too high level and lacks detail. The Panel would like to see more work carried out at a borough level. Local authorities have a wealth of information and knowledge on vulnerable groups and this should be drawn on to develop a more detailed understanding of what mitigation action is required to ensure all residents in NW London are able to benefit from the proposals.

Further comments to follow

Public Understanding of changes

The Panel believes that this continues to be one of the key challenges of the programme. They are aware that the new 111 number (to be introduced in April 2013) will be instrumental in providing sign posting services to residents which should direct them to right care first time.

There needs to be a high profile national campaign which is adequately funded and ensures good public awareness of this number.

West Middlesex Hospital

If following the consultation West Middlesex Hospital is designated a major hospital and Charing Cross is designated a local hospital we would question the automatic allocation of the Hyper Acute Stroke Unit (HASU) currently at Charing Cross to St Mary's. Moving the HASU to St Mary's would leave a wide part of the borough exposed. It is not sufficient to explain this rationale by saying that both these hospitals are within the Imperial group. This move, including what it means from a geographical point of view needs to be looked at closely. We are of the view that if West Middlesex Hospital is designated a major hospital, then there is a case for locating the HASU there. We know that there is flexible capacity in the hospital's specialist stroke unit which could accommodate this. This would strengthen services for our residents and also those in the neighbouring borough of Richmond.

Charing Cross/Imperial

There are a significant number of Hounslow residents in the east of the borough who use services at Charing Cross. The Panel understands from Hounslow CCG that the majority of patients who are currently referred to Charing Cross would be able to continue to receive services at this site if the hospital following the consultation was designated a local hospital.

The Panel is aware however that Charing Cross has a number of specialist services, in particular cancer care and neurosciences. The Panel are not clear as to whether these services would continue to be located at the Charing Cross site if it was designated a local hospital or in time would be moved by Imperial to another hospital site.

It is the Panel's view that Imperial needs to be much clearer about what their plans are going forward. The Panel have a limited understanding as to what the Charing Cross site will look like if it is designated a local hospital. This may be outside the remit of this consultation but it is fundamental in helping members explain to their residents what services they can continue to access at Charing Cross.

In addition the Panel are concerned about the investment that will be needed to upgrade the St Mary's site (19 million). Where will this money come from?

The Panel also want more clarity as to who will gain from the selling off of any hospital estate if Charing Cross is designated a local hospital. Money must flow back into services and ultimately to the patient, it should not be used to upgrade estate.

In relation to the maternity unit at Queen Charlotte's and Chelsea Hospital, the Panel are concerned that not enough has been done to inform the public that this service is not at risk and that there will be 6 rather than 5 maternity services in NW London. This issue needs to be addressed.

Chelsea and Westminster

Members of the Panel know from information shared by health colleagues that Chelsea & Westminster has a recognised reputation for the delivery of high quality, outstanding services. The Panel would not want to see access to these services put at risk as a result of the reconfiguration proposals.

Work force Development

The Panel have heard from the CCG that this is instrumental to the success of delivering the proposals. Staff are traditionally trained to work either in a community or hospital setting. There are a different set of skills that will be needed for staff including nurses and clinicians to work in the community. Retraining will be necessary. The Panel would wish to see a strategic approach to work force development undertaken with CCGs supported at a regional level to provide appropriate training to staff. This should include access to specifically tailored and funded courses and guidance.

Urgent Care Centres

The Panel are aware that a number of witnesses providing evidence to the JHOSC have focussed on UCCs and have highlighted them as a key risk area. The Panel are keen to see an agreed definition of Urgent Care developed and a definitive list of conditions that can be treated in Urgent Care Centres agreed. The Panel see this as a priority; particularly in light of the need make sure that the public understand how and where they go to access care.

21st September 2012