APPENDIX 1: UPDATE ON "SHAPING A HEALTHIER FUTURE" CONSULTATION RESPONSE

INTRODUCTION

- "Shaping a Healthier Future" (SAHF) is NHS North West London's proposed programme of change for Out of Hospital and Hospital services across an area which comprises 8 boroughs and a combined population of over 1.9m people

- If implemented, there will be significant changes to services offered by Hospitals in NWL. Four out of nine Hospitals, including Ealing Hospital, will lose their A&E department. There will be a significant reduction in the scope and breadth of services provided at Ealing Hospital, including emergency and maternity services

- NHS NWL has stated that the changes are necessary owing to the need to save money, improve the quality of care, reduce health inequalities and create a sustainable model for healthcare that will meet challenges associated with increases in population, life expectancy, and the number of people acquiring long-term conditions. As part of the proposals, NHS NWL have committed to investing in community and out of Hospital services

- The proposals are subject to formal consultation which closes on 8th October 2012. As part of its response, the Council has commissioned an independent review of the proposals and the business case which underpins them. This independent review will form the basis of the Council's response to the consultation and the process of developing the review will inform submission of evidence to appropriate bodies able to ensure views are fed up to the Secretary of State

Ahead of the completion of this independent review, the purpose of this report is to:

1. Summarise local stakeholder's perspective on the Shaping a Healthier Future proposals and views expressed so far about the implications for Ealing
2. Set out the structure of the independent review report, in order to give Members an opportunity to comment on the scope and approach
3. Set out the timetable for development of the independent review and process for submission of the consultation response, showing opportunities during the process for local stakeholder engagement

To these ends, this appendix is structured in two sections:

SECTION 1: Summary of local stakeholders' perspectives on Shaping a Healthier Future (SAHF) and implications for Ealing

The independent review will pull together a technical analysis of the SAHF business case with evidence submitted by local stakeholders.

This analysis and discussions with stakeholders are currently in progress.

Ahead of completion of the independent review report, this section aims to summarise some of the key arguments in response to SAHF proposals made so far by local stakeholders, in particular clinicians, through various channels, including:

- Meetings of the Joint Health and Overview and Scrutiny Committee
- Meetings of the Save Our Hospitals Campaign
- Reviews carried out by professional bodies such as the National Clinical Advisory Team
- Public statements made by local clinicians and Hospital consultants

Local stakeholders' perspectives on the background and context

Table 1 below shows that eight boroughs with a combined population of over 1.9m will be affected by the SAHF proposals:

Table 1: Population affected by SAHF

Brent	311,200
Ealing	338,400
Hammersmith & Fulham	182,500
Harrow	239,100
Hillingdon	273,900
Hounslow	254,000
Kensington & Chelsea	158,700
Westminster	219,400
Total:	**1,977,200**

As part of their strategy for providing sustainable and fit-for-purpose healthcare for this large and increasing population, NHS NWL have committed to investing more money on services provided outside Hospitals and in the local community (figures of £138m for investment in out of Hospital services in NWL have been trailed). Under the SAHF proposals the GP practice is placed "at the heart" of delivering an integrated service. Additionally, a new 111 number will be set up for patients to call for medical assistance, in order to reduce the number of attendances and admissions to Hospitals. In defence of plans to reduce A&E provision, NHS NWL have argued that Urgent Care Centres (UCCs) will be increasingly able in the future to cope with a range of medical emergencies.

NHS NWL have proposed three options in which five hospitals in NWL remain "major". NHS NWL have argued that each "major" hospital will require 100-200 additional beds, delivering a total reduction of 482 beds across NWL.

All three “major” Hospital options retain Northwick Park, Hillingdon, and St Mary’s Hospital as three of the five. The other potential “major” hospitals are:

- Option A: Chelsea & Westminster and West Middlesex
- Option B: Charing Cross and West Middlesex
- Option C: Chelsea & Westminster and Ealing

All options include the closure of Hammersmith A&E.

Option A is NHS NWL’s publically stated preferred option, which means Central Middlesex and Ealing Hospital would be downgraded to ‘local’ hospital status and lose their A&E services. Also under Option A, the Western Eye Hospital and the Hyper-Acute Stroke Unit at Charring Cross would be relocated to St. Mary’s Hospital.

General points and concerns

Whilst all stakeholders approached so far appear to agree that “no change” is not an option for NHS NWL, and whilst some aspects of the aims and objectives of Shaping a Healthier Future seem appropriate (i.e. the need to try to keep people out of Hospital where possible, and to that end, the need to invest in community health provision), there are a significant number of concerns about the proposals and the process used to develop them.

In general terms, these concerns relate to:

- The scale of the proposed changes lack of precedent for these
- Insufficient detail about risk and project management of significant change
- The approach to engagement with local people, clinicians and appropriate bodies in development and questioning of the proposals
- The modelling and methodologies that have been used in development of the proposals
- The capacity of community and local GP services to cope with the additional pressure on out of Hospital services which some stakeholders believe will result from implementation of SAHF
- The pace of proposed changes, potential lack of time for new approaches to bed in
- Capacity for negative effects to be multiplied when combined with other factors, such as the significant financial challenges facing social care

General points raised in relation to Accident and Emergency (A&E) provision

NHS NWL has stated that NWL has more A&E departments per person than other parts of the country (no specifics are provided on other London areas) and more than average use of A&Es, partly because access to GPs is poor. Under their plans they say that Urgent Care Centres could address this problem and non- emergent issues would be dealt with elsewhere.

Figure 1 below shows a map of current provision of healthcare services in NWL, in particular the location of current A&E facilities.

Figure 1: Map of Hospitals in NWL currently with and without A&E departments

- The UK currently has an average of 249,048 people per A&E department
- NWL currently has 219,689 people per A&E, a 13% "advantage" compared to the national average
- However, the figure rises to 247,150 - an "advantage" of only 0.77% - if Central Middlesex A&E is excluded. Under SAHF, three additional A&Es in NWL would close, bringing the number of people per A&E to 395,440, a "disadvantage" of 52% compared to the national average

General points raised in relation to Maternity services

NHS NWL concedes that the number of women who need maternity services is increasing and pregnancies are becoming more complicated. The rate of maternal deaths in London has doubled in the last five years, reaching twice the rate in the rest of the UK. Babies born outside of normal working hours are also at a higher risk of dying, which is associated with a lack of access to senior staff at these times. Maternity units typically cannot meet recommended midwife staffing levels and do not have enough nurses to care for sick babies.

Local clinicians argue that recruitment of midwives is known to be a national issue; complications arising from local health inequalities in Ealing (e.g. 17% prevalence of diabetes in some Southall wards; up to 25% of Ealing Hospital inpatients having diabetes or diabetic related-problems compared with 10% nationally) are driving increased likelihood of c-section births in Ealing Hospital. Loss of maternity services as proposed in SAHF could therefore have significant implications for the Ealing population.

Specific concerns raised by key stakeholders

Building on general concerns about the potential strain on A&E services and loss of maternity services in NWL, local clinicians have raised a number of specific issues with the SAHF proposals. These will be developed, investigated and substantiated further through the independent review, but headlines so far are as follows:

a) A significant number of Ealing GPs are opposed to the proposals.

- A meeting between NHS officials advocating the SAHF proposals and Ealing GPs attracted 35 representatives of practices made up of between 4-8 GPs, which some Consultants opposed to the proposals have argued is a representative sample of the 340 GPs in Ealing borough
- 33 of the 35 General Practice representatives (94%) voted against the SAHF plans during the meeting

b) Urgent Care Centres are not a suitable substitute for A&E services, and the nature and drivers of demand for A&E services in NWL is misunderstood.

- The independent review report will model impact of the proposals on A&E services across Hospitals North West London in order to illustrate the potential impact in terms of patient flow, as local stakeholders have raised concerns in relation to the capacity of some Hospitals in NWL to cope with demand for A&E services and the capacity of Urgent Care Centres (UCCs) to fulfil the role that SAHF assumes they will play in future
- In terms of points that have been raised so far, Ealing A&E and the UCC collectively see approximately 110,000 patients a year. Of these 65,000 are managed at the Care UK-run UCC, but 17,000 are sent through to Ealing A&E (46 patients per day). 1/3 of this number (over 5,600 per year) have to be admitted to the Hospital direct and the total number of Type 1 A attendances at Ealing A&E stands at 45,000 per year and has not changed in the last year. Consultants at the Hospital have argued that rotas at Ealing Hospital are fully staffed, and clinicians argue performance at Ealing Hospital compares favourably with neighbouring Hospitals
- Clinicians have argued that the merger with North-West London will strengthen capacity to deal with a range of health needs, including emergency situations, and that SAHF unhelpfully pre-empts and precludes opportunities through the merger to deliver some of the key objectives of SAHF
- Clinicians have argued that in some circumstances, it is more important in terms of health outcomes to get to a Hospital which offers specialist services than to get to a Hospital per se. For example, heart attack and stroke patients can benefit from access to centralised facilities for thrombolysis. However, patients in these circumstances constitute a small percentage (3-4%) of the current emergency workload
- Clinicians have argued that the Urgent Care Centre deals only with certain types of care need; that the SAHF proposals therefore risk delayed access to care for patients who cannot be treated by the UCC; and outcomes for patients are better when an UCC and A&E department work together. A summary of the cases/conditions excluded by UCCs is attached as Appendix B
- Of the 46 patients per day coming to Ealing who cannot be managed by the UCC alone and require a review, 1/3 are admitted and contribute to annual figure of 45,000 Type 1 A attendances to Ealing

- The removal of impatient beds will mean 46 patients presenting at Ealing will need to be transferred to major acute hospitals each day. Modelling of the impact of this arrangement on patient safety; costs; and strain on the local ambulance service has apparently not been carried out sufficiently
- Patients wishing to travel to the nearest A&E as an alternative to the UCC could push remaining A&E services to breaking point, as Central Middlesex Hospital A&E is open only during the day

c) The National Clinical Advisory Team (NCAT) have identified a number of issues with the proposals.

- On the 18th April 2012 visitors from the National Clinical Advisory Team were invited by the SAHF programme board to assess the SAHF proposals. The NCAT team, Dr. D Colin-Thome, Dr Tajek Hassan and Mrs C McLaughlin were provided with evidence in the form of project and risk plans, models of the impact of the reconfiguration, and a series of meetings with members of the CCGs, scrutiny committees, clinicians and patient groups across NWL
- Their full report is extensive and will be reviewed in greater detail as part of the independent review. At a headline level, the report raised a number of issues with the proposals as expressed by stakeholders and which emerged through their own review of the supporting evidence, including:
    - Insufficient modelling of impact of out of Hospital provision on admissions and lengths of stay
    - Insufficient operational detail for the public, particularly in relation to proposed community provision
    - Lack of outcome-focused standards for out of Hospital services, and a recommendation that these need to be developed further

d) Other valuable services, such as maternity services which have developed organically to meet the specific needs of the local population, will be lost as a result of the Shaping a Healthier Future Proposals.

- One other justification for change put forward is to cease the maternity unit at Ealing Hospital, as it is "small and has trouble recruiting midwives to manage rotas and has very high emergency caesarean rates"
- Some local clinicians have argued that recruitment of midwives is known to be a national issue and that locally, plans to address this are being taken forward through the merger between Ealing and Northwick Park Hospitals, a process which some clinicians have argued has been guided throughout by relatively close engagement with clinicians
- Complications arising from local health inequalities (e.g. 17% prevalence of diabetes in some Southall wards; up to 25% of Ealing Hospital inpatients having diabetes or diabetic related-problems compared with 10% nationally) are driving increased likelihood of c-section births in Ealing Hospital. Furthermore, other Hospitals in NWL not under the threat of closure have higher c-section birth-rates than Ealing
- General concerns have been raised about the lack of bed space to meet demand, in the light of the estimated overall reduction of over 480 beds across NWL

e) Patients will be confused as to how to access services in the future, and the most disadvantaged and vulnerable will suffer disproportionately.

- NHS NWL have stated that over 90% of the local population will be unaffected by the proposals. However, some stakeholders have argued that this figure appears to be based on an "averaging out" across the NWL population. Initial scrutiny of Ealing statistics – which will be investigated further through the technical analysis in the independent review – illustrate that 53% of Ealing inpatients will be affected by the proposals
- Clinicians have raised a number of issues relating to clarity over where to go for treatment, arguing the new proposals will make it difficult for people to understand where to go to access services. Presenting with a condition not handled by a particular facility could result in costly transfers and delayed access to care, which clinicians have argued could have a significant negative impact on health outcomes and undermine arguments about the financial benefits of the proposals
- Concerns were echoed in the National Clinical Advisory Team (NCAT) review, which discovered that there was general confusion on the part of patient groups and clinicians on the impact of the proposals: "The clinical teams are concerned that the out of Hospital strategy will not deliver, the movement of staff across departments will not happen and the aspirations of reconfiguration will not deliver. The patient groups do not understand how things will work if this reconfiguration happens and are finding it difficult to describe what services at any one of the nine hospitals will look like" (NCAT Report, page 9)
- A number of concerns have also been raised in relation to the efficacy of accessing services by telephone (e.g. the 111 number). Previous research has shown that telephone access "seems to disproportionately serve populations with the lowest expected need". Furthermore, recent evidence has shown that since NHS 111 pilots began, there has been a 17% increase in people presenting at UCCs and walk-in centres across England – a sign of increasing demand which does not seem compatible with the SAHF proposals
- Furthermore, there are concerns about the proposals resulting in triage services not being administered by medically trained personnel, which could drive additional pressure on GP and emergency care services

f) There are serious concerns about flaws in the modelling of patient transport and blue light times.

- Local clinicians and the Council's transport planning department have raised a number of serious concerns about the modelling of patient transport and "blue light" times. Assumptions relating to transport times are being reviewed and analysed as part of the independent review
- In terms of potential impact on Ealing residents arising from changes to Hospital provision in NWL, some of the transport times which have been quoted in support of proposals are:
    - Acton to St. Mary's (Paddington) in 15 minutes
    - Acton to West Middlesex in 20 minutes
    - Acton Main Line station to Paddington in 12 minutes
- Many of the key stakeholders familiar with the realities of travelling across the borough do not recognise these travel times as realistic estimates. The travel time analysis figures obtained by authors of the SAHF proposals do not appear to have been independently validated, and the longest travel times given appear to refer to areas which have one of the

safeguarded hospitals closest to it, suggesting that options have driven travel time analysis rather than the other way around

- Additionally, particular concerns have been raised in relation to transport issues affecting members of disadvantaged communities, the elderly, and people who do not own a car. Car ownership is significantly lower in London than the national average (42.9% of all Greater London households do not own a car, according to the Travel in London Report 4, 2012, by TfL), therefore reliance on public transport for journeys is higher. The national average figure used by McKinsey in the modelling of transport access is therefore misleading and should not have been used
- There is a deficiency of direct bus links to West Middlesex or Hillingdon Hospitals from Ealing, and access to Northwick park Hospital via 2-3 buses depending on starting location in NWL, with journey times varying between 50-80 minutes and costing £5.40 per person, per round trip. Concerns are that this will encourage people to either call ambulances or not seek treatment, which risks poorer clinical outcomes and/or increase pressure on ambulance and other services
- People without access to a car may be reliant on taxis, especially when in unfamiliar areas, and this can be very expensive. This could prove disproportionately disadvantageous to members of deprived communities. On a related point, arguments put forward in the proposals suggesting they will enable greater "patient choice" are underpinned by assumptions that all people are able and can afford to travel greater distances to access facilities
- Studies on patient recovery have shown that visits by relatives can help reduce Hospital stay times so lack of access for relatives could lengthen stays and increase costs. It is not acknowledged in the business case that families making for hospital trips also often use taxis, which has the capacity to have a significant financial impact on patients' families and social support networks
- There is no real modelling of the capacity of local transport infrastructure to cope with out of Hospital and community provision. Significant further work will be required to assess the true level of accessibility of health services provided outside the Hospitals in NWL
- On a related note, the proposals do not take into account the impact of significant future local developments (e.g. Southall Gas Works large new residential and mixed use development) on access to healthcare provision. Significant further work will need to be done in this area, in order to assess the extent to which the proposals are "future proof" in terms of transport and accessibility
- There is a general lack of information relating to assumptions around staff travel between NHS sites

g) There are serious concerns about the capacity of community based health provision to cope with the "fall-out" from changes to NWL Hospitals.

- There are concerns that in the interim between announcing closure of A&E services and actually closing them, Hospitals will find it difficult to recruit and staff rotas safely, in effect precipitating "closures" of services ahead of planned timetables, and before community services are able to provide some of the services which used to be provided by NWL Hospitals
- Clinicians argue the capacity for local GPs to "take up the strain" as a result of the changes is overplayed. The scale of the shift in provision is without precedent, and other areas have struggled to establish effective processes which connect GP and Hospital provision. One example of this is the example of St. George's in Tooting no longer taking GP referrals owing

to pressure on services and risks around achievement of waiting time targets, which has occurred ahead of planned closure of A&E at St. Helier's Hospital, which is expected to further increase pressure on St. George's, GPs and local community health services

h) The Value for Money arguments underpinning the proposals are flawed.

- Clinicians have raised a number of additional concerns about NHS NWL's argument that the proposals will deliver better Value for Money for the local population
- In part this is because there is a lack of detailed information about how costs have been modelled – e.g. costs of enhancing quality and capacity of UCCs; impact on the ambulance service; and costs of secondary transfer of patients within the region (the latter a concern also flagged by the National Clinical Advisory Team)
- Clinicians have expressed concerns about the trailing of a £20m figure for a rebuild of Ealing Hospital ahead of the close of the consultation. They have also argued that Ealing patients will lose out as a result of £138m being made available for NWL health services (including building and refurbishing of health centres) which is in fact spread across all NWL boroughs
- Concerns have also been raised about the use of a Net Present Value calculation which appears to double-count certain key financial measures – this is being investigated further as part of the technical analysis in the independent review
- Questions have been raised by local stakeholders about the extent to which the proposed merger between Ealing Hospital NHS Trust and North West London Hospitals NHS Trust have been accounted for in the business case which underpins SAHF
- A study which NHS officials have used to support an argument that "if you get admitted to hospital on a Friday night, compared to a Monday morning, you're eight per cent more likely to die" also shows patients are more likely to die on a Wednesday than a Sunday, and that costs associated with centralisation of certain health services may not justify the outcomes in such a challenging economic climate
- It is not clear how funds allocated under the proposals to community services are supposed to stretch to meet demand arising from the cessation of such a range of NWL Hospital Services happening at the same time
- Clinicians also point out that the proposals are taking place in the context of significant reductions in funding for related and support services – e.g. significant reductions in funding for local social care – which could compound negative outcomes for the most disadvantaged and vulnerable in Ealing

i) The assessment of impact on equality and human rights falls short of the requirements set out in the Equality Act 2010.

- Neither the methodology used in the business case nor the actual proposals put forward within it have been subject to a sufficient or appropriate equality assessment
- The population in NWL is more ethnically diverse than the national average, and suffers to a greater extent than the average from high incidences of TB, COPD and HIV. This has not been taken into account in the modelling which underpins the options put forward
- There has been little engagement with the local population so far over the proposals – only 360 people engaged with events about the proposals, amounting to one in five thousand of the NWL population. Consultation documents have been issued late, over the summer

period when many people are not at home to read proposals or attend engagement events, and it has been argued that information in the consultation document is not easily accessible for migrants and people for whom English is not their first language

- There are particular concerns about transport issues affecting members of disadvantaged communities, the elderly, and people who do not own a car
- Assessment of equality impact of the proposals does not take adequately into account the barriers to access of services by migrants, those not living in households, and those whose first language is not English, who are less likely to use telephone or booked services as an alternative to Hospital based provision
- Complications arising from local health inequalities (e.g. 17% prevalence of diabetes in some Southall wards; up to 25% of Ealing Hospital inpatients having diabetes or diabetic related-problems compared with 10% nationally) are driving increased likelihood of c-section births in Ealing Hospital. Furthermore, other Hospitals in NWL not under the threat of closure have higher c-section birth-rates than Ealing, which has developed a particular service offer in relation to maternity to meet the particular needs of its population

SECTION 2: The Independent Review: structure and approach

Independent review

The Council has commissioned an independent review to examine the business case underpinning SAHF, look again at the models and methodologies used to analyse key metrics, review the conclusions set out in the consultation document and business case, and present a balanced overview of the strengths and limitations of the proposals.

The review will form the basis of the Council's response to the formal consultation.

Key activities associated with development of the independent review are set out below.

Structure of the independent review report and overview of key activities

Contents	Description	Activities
Executive Summary		
1.1 Executive summary	Summary of report	TBC
Introduction: purpose and content		
2.1 Statement of purpose	Outlines Ealing's intend to respond fully to the consultation process, the intent of the document and high-level approach	TBC
2.2 Overview of the proposals	Describes the proposed changes, particularly the consequences of 'Shaping a Healthier Future' on Ealing	TBC
Review: investments in local primary care infrastructure		
3.1 Review of out-of-hospital strategy	Reviews the out-of-hospital strategy and, reviews the argument that it is positive given current community services and should be implemented before any reconfiguration takes place	TBC
3.2 Other	E.g. The development of clinical standards for out of hospital and hospital care	TBC

Contents	Description	Activities
	Review: process	
4.1 Review of the pre-consultation process	Explores issues in the pre-consultation process, incl. the lack of engagement with DPH and lack of adequate engagement with the local Ealing/NWL population	• Stakeholder interviews (see section following this table)
4.2 Review of the consultation process	Explores issues relating to the consultation process in particular the timeline and discusses the rationale for holding the consultation during the summer	• Stakeholder interviews (see section following this table) • Analysis of resident survey
4.3 Impact of change in NHS governance structure	Discusses the rationale for not waiting until CCGs and HWBs are instated	• Stakeholder interviews (see section following this table)
4.4 Other	E.g programme assurance	TBC
	Review: methodology	
5.1 Critique of sequential approach of options appraisal	Reviews aspects of the methodology and approach, particularly the sequencing of criteria in order to narrow down options and a review of the proxies and assumptions of elements of data	• Analysis of impact of methodology change (i.e. if barriers sequenced differently) • Analysis of impact of methodology is different data sets are used
5.2 Assessment of evaluation criteria	Critical review of the evaluation criteria, addressing the impact that selection of certain criteria or data points have over others	• Review criteria, comparison of data points • Discussion of absent inequalities analysis
5.3 Neglect of current clinical performance measures	Analyses the current clinical performance and assesses the impacts of the changes on these measures; critiques the rationale for excluding the clinical performance as key evaluation criteria	• Gather CQC and HES for data baseline data • Analysis of current performance for clinical outcomes of each hospital (e.g. relative to national/London average) • Assessment of impact that a clinical outcomes approach would have on evaluation
5.4 Neglect of current market and local	Assesses particular needs of Ealing that are not taken into	• NWL/Ealing market analysis • Demographic analysis

Contents	Description	Activities
population needs	considering. Discusses the extent that Ealing Hospital has evolved to address local needs. Addresses the impact of Ealing/NWLH merger	• Inequalities analysis • Incorporation of above analysis into bed modelling (needs based, rather than QIPP) • Validation with Ealing Council
5.5 Transport analysis methodology	Reviews the assumptions, data and approach deployed in the transport analysis, in particular its use in determining that Northwick and Hillingdon are to remain unaffected	• Review of Mott MacDonald and Gateway reports • Analysis of land values and review land capital receipts • Apply an inequalities analysis to the travel time analysis • Inclusion of out of area hospitals into blue light and drive time analysis • Stress testing of analysis • Analysis of relationship between blue light time and outcomes
5.6 Financial analysis methodology (including the impact of the merger on the financial case)	Reviews the methodology and approach of the financial modelling, exploring issues such as the lack of cumulative scenario analysis, lack of baselining and the NPV method	• Analysis and critique of Ealing/NWLH merger impact on financial case • Propose sensitivities in the costs of creating community services • Assess validity of not baselining each hospital's plan (e.g. CIPS) • Lack of cumulative scenario analysis • Review need for upside potential? • Critique of NPV double-counting benefits and capital • Alignment of Trust assumptions around savings (model, as is, is based on variable forecasts)
5.7 Other	E.g Equality Impact Assessments	TBC
Review: application and outcomes		
6.1 Readiness of other facilities to absorb excess demand	Reviews the ability of other hospitals to absorb cases that otherwise would have gone to hospitals affected by proposed changes set out in "Shaping a Healthier Future" and the readiness of primary and community care to deal with the	• Collect patient volume data • Analysis of case mix • Analysis of efficiency / productivity at each site and scope of improvement needed to receive new services • Scenario analysis

Contents	Description	Activities
	additional workload resulting from the out of hospital strategies	
6.2 Critique of assumptions of reconfiguration on clinical outcomes	Reviews evidence that supports hypothesis that reconfiguration will lead to better outcomes	• Data supporting highlighting that people do not act rationally/optimally (challenge of model ability to handle variation) • Challenges of communicating changes • Benchmarking and secondary research • Review of case studies demonstrating that similar reconfigurations do not lead to beneficial outcomes • Modelling of multiple sensitivities
6.3 Implications of reconfiguration on staff	Assesses the impact of the reconfiguration of performance, effectiveness and staff motivation	• Analysis of efficiency / productivity • Benchmarking / secondary research on examples of reconfiguration adversely affecting workforce • Stakeholder interviews (staff) • Review of staff transfers (i.e. why no redundancies?)
Conclusions and recommendations		
7.1 Summary of key findings	Overview of the report	TBC
7.2 Recommendations and suggested next steps	On the basis of the findings, sets out a general response and suggests alternatives and a series of next steps as appropriate	TBC

Summary of key stakeholders contributing additional evidence to the independent review

In addition to technical analysis of the business case, the independent review will draw on evidence submitted by local stakeholders, through public meetings, public statements and additional information through one-to-one discussions with the consultants co-ordinating the review report.

In terms of the one-to-one discussions with key stakeholders, the following has been arranged:

Interviews Already Carried out

Interviewee	Organisation
Dr Onkar Sahota	SOH campaign
Colin Standfield	SOH campaign
Jackie Chin	Public Health
Cllr Abdullah Gulaid	LB Ealing
Dr Jenny Vaughan	SOH Campaign

Interviews scheduled for Tuesday 4th September

Interviewee	Organisation
Julian Bell	LB Ealing
Gareth Shaw	SOH campaign
Bridget Olsen	SOH campaign
David Archibald	LB Ealing

Interviews scheduled for Tuesday 11th September

Interviewee	Organisation
Nick O'Donnell (transport planning)	LB Ealing

Further interviews taking place between 11th and 28th September

Anne Rainsbury: 7th September

Cllr Gregory Stafford: 12th September

Cllr Nigel Bakhai: 12th September

Cllr Jasbir Anand

Dr. Mohini Parmar, CCG Chair

Virendra Sharma, MP

Steve Shrubb, CE of West London Mental Health Trust

In the process of being confirmed

David Carson from the Primary Care Foundation

Chief Executives of West Middlesex and Ealing Hospitals

APPENDIX 2: Urgent Care Centre Exclusion List

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URGENT CARE CENTRE EXCLUSION LIST

ACS/MI
Acute anaphylaxis
Actively suicidal/deliberate self harm (not suicidal ideation)
Acute confusion
Alcohol or drug intoxication (likely to need obs)
Alleged rape (with major injury)
Children with complex fracture of upper or lower limb likely to require manipulation
Complex fractures/pelvic fractures/hip or long bone fractures
Colles fracture
Collapse state
Currently having seizure
CVA/TIA (separate pathway)
Dental injury (Northwick Park maxfax)
Dvt or suspected Dvt
Extensive burns
Fever with oncology
Hematuria post abdominal injury
Inhalation of smoke or fumes
Mandible dislocation
Major Head injury
Meningitis or suspected meningitis
Multiple injury/trauma
Needle stick injury
Overdose
Penetrating eye injury
Poisoning
Pregnancy with persistent vomiting
Psychosis
PV bleeding (heavy)(pregnancy less than 20 weeks to ED and more than 20 weeks to obstetrics)
Pregnant with abdominal trauma
Paediatric white card holders (will directly go to paediatrics)
Patients with gp referral letter to go to speciality direct
Renal colic (blood positive on urine dipstick)
Severe pain (requiring parental analgesia)
Severe breathing difficulties
Shoulder dislocation
Sickle cell crisis
Significant epistaxis
Significant haemoptysis/heamatemisis
Gunshot injury
Significant stab wound
Unconscious
Uncontrollable haemorrhage
Unresponsive floppy child