

**RCN London response to the review led by Michael Mansfield QC into
the impact of the Shaping a Healthier Future programme of
hospital reorganisation in North West London**

With a membership of over 415,000 registered nurses, midwives, health visitors, nursing students and health care assistants, including 53,000 working in London, The Royal College of Nursing (RCN) is the voice of nursing across the UK and the largest professional union of nursing staff in the world. The RCN promotes patient and nursing interests on a wide range of issues by working closely with Government and other national and European political institutions, trade unions, professional bodies and voluntary organisations.

Summary:

The Shaping a Healthier Future programme was launched in 2012 to reorganise hospital services in North West London, with a reduction in acute provision balanced by a boost to out of hospital services. Giving the project the go ahead in the House of Commons in November 2013 Health Secretary Jeremy Hunt said the plans would give North West London “probably the best out-of-hospital care anywhere in the country”.

It is increasingly clear that the promised investment in out of hospital care has not been delivered on the scale needed to account for the hospital closures. RCN members have told us that the changes have damaged patient care in the past year and that further changes should not go ahead without guarantees of investment in community services at a level necessary to keep patients safe. The RCN supports the suspension of the closure programme, including the proposed downgrades of Ealing and Charing Cross hospitals, until further guarantees can be given about increases to funding for out of hospital care.

1. Background: Shaping a Healthier Future

“Shaping a Healthier Future” was initially launched in 2012 and involved the downgrading of several hospitals across North West London to “local” hospitals without A&E provision, closure of acute provision and reduction or downgrading of specific services. It also promised commitments to investment in capacity of out-of-hospital and community services in order to offset reductions in acute provision.

The final plans involved the closure of Central Middlesex and Hammersmith A&E units, the downgrade of A&E services at Ealing and Charing Cross and the closure of Ealing maternity services. The impact of the reorganisation for patients is now being reviewed by Michael Mansfield QC, commissioned by four local authorities in the area, following a winter in which waiting times at the remaining A&E units have been among the worst in the country. The RCN has been asked to respond to the review. The RCN has around fifteen thousand members in our two north west London branches covering the area affected by the changes and we invited those members to contribute to this response.

2. The impact of the closure of Central Middlesex and Hammersmith A&E units

As the process has gone on serious questions have been raised about the impact of the Shaping a Healthier Future changes for patient care. In the week before Christmas 2014, London North West Healthcare Trust saw just 53.7 per cent of the most seriously ill A&E patients within four hours. Imperial College Healthcare Trust that week treated 70.2 per cent of A&E patients within four hours against a national target of 95%.

Capacity at the remaining units has been overstretched. Prior to Christmas West Middlesex University Hospital stated it could not take more patients. Sites at the London North West Healthcare NHS Trust (Northwick Park site) have reportedly been “on divert” numerous times over the past 6 weeks. With the closure of Ealing A&E department, a hospital in a borough with a rising population, pressure on Northwick Park will increase further. There have been repeated concerns throughout the process that the practical travel options for communities affected by the closures have not been properly thought through.

The effect on nursing staff working in the area has been devastating. One said she was “appalled, overwhelmed and horrified” by the impact of the changes. Complaint rates are increasing, as are staff sickness rates with a knock on effect for patient care.

3. A confusing time for patients

Several members raised the near simultaneous closure of Barnet A&E. There is little capacity anywhere in the system to take the slack. Ambulance diversions have had limited effect over recent weeks as there just isn't anywhere with capacity to divert to. Ambulance waits have gone up at neighbouring units due to the increased number of attendances. One member said the “travel to further A&E departments and increased waiting times were highly likely to be fatal for some patients.” One member described the travel routes to the remaining alternatives as “like rolling a dice”.

Another repeated concern has been how the changes have been explained to the local population, and a perceived lack of understanding by patients about the status of the new units. This is despite a local publicity campaign. One member said “patients and particularly their carers are frightened and confused about the A&E service closures.” Another said: “Patients won't know whether their condition can be treated at their local Urgent Care Centre or if they should travel further to a hospital that has an A&E department. Vital time will be wasted if they choose an Urgent Care or Walk-in-Centre to be assessed and discover they need to be transferred to an A&E department.”

4. A more disjointed system

We were told of increased difficulty in transferring patients between services which have been differently arranged. The example was given of living kidney donors who were previously seen at the Renal Rapid Assessment Unit at Hammersmith, with the A&E available to deal with any serious complications. These patients now have to be booked and referred elsewhere, increasing disruption for the patient and creating an administrative impact for the staff.

There are also reports of delayed transfers for cancer patients. Patients requiring hospice placements are often not getting them so patients are not always getting the specialist symptom control and support they may require, and their preferred place of death is not always met.

5. The impact for the wider health economy

“Shaping a Healthier Future” has had a direct impact on hundreds of health staff working at the hospitals involved, but it has also had knock on effects for those working in community services in the area and in the private sector. The effects of the closure programme have been felt by health workers across North West London:

- Community Care

In primary care one member said their workload had increased fourfold, while nurses were being de-skilled by the pressure to see so many patients. Importantly, members made clear that the pressure on GP services was damaging their ability to carry out preventative health interventions – a clear driver over time of the increase in sick people presenting to A&E who should have been kept well earlier in the system. We were also told there is evidence of an increase in “grade 4” community acquired pressure ulcers, and continuing care teams being asked to pay towards care in the community.

Cuts to district nursing numbers have placed an “unsafe and unmanageable” strain on remaining staff. They are under further pressure from families whose expectations of the service are no longer being met. Patients are not always getting the support they require from their community services because of the high, unmanageable, workload. Patients are, therefore, arriving at A&E due to increase in symptoms which could have been avoided.

Practice nurses report longer delays for their patients in the urgent care centres, and more difficulty getting patients seen for routine dressings over weekends. Suggested solutions included more community beds with direct referral, more triage of minors to urgent care centres, or a dedicated children’s urgent care centre to create more capacity in the A&Es

- Mental health

Some mental health patients who require medical intervention now have to be transferred to Northwick Park, where before they were seen at Central Middlesex. The transfers and attendant delays impact on patients, on families, and on the ambulance service. Mental health patients already in A&E are often delayed there awaiting assessment from nurses not based there. The whole problem is exacerbated by the acute shortage of mental health beds meaning patients are discharged too soon only to re-present in A&E a few days later.

- Students

One member running continuing learning courses for qualified nurses at a local university told us that her students were “burnt out, tired and frequently unable to get their time for the study days because of shortages at their departments.” Students are reportedly concerned about the safety and quality of care they are able to provide. In addition funding pressures mean many are having to self-fund what is meant to be a core clinical requirement.

6. Investment in out of hospital services

The benefit for patients of the Shaping a Healthier Future programme was based on an increase in out of hospital care to enable more patients to be kept well or treated at home to reduce hospital admissions. In November 2013 Jeremy Hunt promised seven-day access to GP surgeries throughout north-west London and the creation of over 800 additional posts to improve out-of-hospital care. In practice, though, little seems to have been done to boost capacity elsewhere in the system to make up for the closures.

We always hear a lot about how we can reconfigure, improve care and save cash yet with both the current situation with mental health and A&E services it is clear that alternative services have not adequately been put in place. Proper replacement services, transition arrangements, funding and a workforce plan should have been in place before the existing units were cut.

What is clear is that frontline staff do not feel they are being given the support they need to safely deliver services. Cuts to hospital care have been made first, before the increase in capacity has been delivered.

7. Next steps: The proposed downgrade of A&E services at Ealing and Charing Cross & the planned closure of Ealing maternity services

The RCN will always support service reorganisation which delivers improvements in the quality of patient care. Difficult decisions have to be confronted and the public persuaded of the case for change. We are acutely aware of the scale of the task facing those planning future health services in London where the demand from patients continues to grow while budgets continue to be cut and where political scrutiny can be intense. However it is just not clear that benefits for patients have been delivered in this case.

There have been growing calls for the remainder of the Shaping a Healthier Future closures to be suspended until out of hospital capacity is properly expanded. The RCN has little choice but to support those calls based on feedback from members working in North West London. The cuts to hospital settings have been made before the extra capacity in out of hospital care was delivered. This is self-evidently the wrong way round and has had a predictable and negative impact for patients.

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