

**Healthcare for London
Consultation Response from the London Borough of Bexley**

Staying Healthy	
1a	Looking at the list below, which of the following changes, if any, would you like to make in the future to improve your health?
	The list included here is fairly inclusive of the types of general advice people would be looking for when thinking about improving their health.
1b	How could the NHS in London best help you make these changes
	To help people make changes to their life style and to encourage people to stay healthy, access to advice on these issues needs to be easily accessible. Access to GP services can be difficult for some people, going to a GP for general advice rather than when you are ill may not be something that people often consider. If wider advisory services are available from a surgery or clinic locally patients should be notified of these services and provided with the details as a matter of course. There is some confusion around the level of services offered at different surgeries or other healthcare providers. Services should be tailored to the needs of a specific area and the services offered across the area should be clearly advertised. If your own GP surgery does not provide the advisory service you are looking for then patients should be told where they could access the service. With so many changes on the horizon to the way services are delivered, clarity around what will be available and where, whether at a clinic or at home, and for whom, will be essential.
1c	What else could the NHS in London do to help you stay healthy?
	Accessibility to services is key and feeling as though you have inconvenienced your local surgery by asking for an appointment will not encourage people to seek help on what they feel are not essentially serious medical issues such as help with weight loss. The service should be more approachable and customer focused if preventative services and general advisory services are to be effective and uptake encouraged. Joint working with partner organisations and developing strategies jointly to deal with public health issues. Availability at times convenient to the client group is also essential. The nine to five approach does not work for everyone.

2	I would welcome advice on staying healthy when I come into contact with a healthcare professional
	We would strongly agree that when a patient comes into contact with a healthcare professional that person should be able to provide a general level of advice and support and direct patients to where further information can be accessed on their specific question around staying healthy. We think health promotion work such as road shows that educate people further on issues such as healthy eating and stop smoking are very good in getting key messages across to people and would like to see more of this in Bexley.
3	Please give us any other comments in this section
	We agree that advisory services and services designed to tackle and prevent public health issues such as obesity and sexual health present a major challenge in the coming years. Bexley faces different issues to other London Boroughs and there should be flexibility and funding available for local Primary Care Trusts to develop solutions that work for their local population. These services need to be developed and monitored for longer term effectiveness as often new services do not have time to take effect before another round of service reconfigurations presents itself. A longer term plan and vision is essential with local Healthcare Commissioners driving the services they need and working with partners to address issues and design the services that work for the community – in the long term.
	Maternity and newborn care
4	We are trying to balance various factors when developing proposals for maternity care in London. We would like to know what three factors are most important to you.
	The most important factor for the London Borough of Bexley is to have a consultant led unit for our residents. The local unit at Queen Mary's Hospital (which incidentally is rated the safest in London S.E) is threatened with closure under the Picture of Health Consultation. In response to the list provided all of the issues are of importance when thinking about maternity care. We are encouraged to see the work taking place in Bexley - Delivering Choice in Maternity Services. It is essential that expectant mothers have full information about the services available to them and the associated risks to enable them to make an informed choice about how and where they give birth. There has been much negative press around the time mothers are left alone when giving birth in hospitals, the lack of midwives and how this could affect services in the future and whether home births are safe. We would like to see some of

	<p>these issues addressed as part of the choices communicated in order to build public confidence in the variety of maternity services that will be offered in the future. Also the inter-relationships between these choices should be explored - if your choice is for a home birth, where is the nearest consultant-led unit, what is a safe distance and what is the process of transfer to that unit if there is an emergency? Offering the services only presents real choice if expectant mothers are fully informed.</p> <p>Presentations from Professor Sir George Alberti in relation to 'A Picture of Health for Outer South East London' recently suggested that midwifery-led units should be attached to a doctor-led unit – which is reassuring in terms of clinical safety. This consultation document however sets out the prospect of stand alone midwife-led units in the community. We would like to see some further information about stand alone midwifery led units and how these would work; who they benefit and what are the positive outcomes for patients when compared to a Consultant led unit.</p>
5	To be able to give high-quality care, we need to balance the time that midwives can spend with mothers after the birth of their baby with the time taken to travel to women's homes. Which option would you prefer?
	<p>There are two options set out as responses to this question. In answering this question we would like to reflect on the issue of choice; if mothers would prefer to be visited at home then this should continue to be an option – not only when necessary but when it is their preferred option. Attending appointments at a health clinic should not in itself equate automatically to more time with the midwife as this should depend on the individual needs of each mother.</p>
6	Please give us any other comments on the proposals in this section
	<p>The document states that currently 97% of births in London take place in obstetric (doctor-led) units. This may be due to the lack of alternative services and lack of consistent choice of alternatives but it could also reflect people's choice, based on the service they want or feel most comfortable with. Much more information is needed here about what each level of service entails, including the risks and benefits of each option before an informed opinion or choice can be made.</p>
Children and Young People	

7	<p>The majority of care for children, including urgent care, will continue to be provided locally. We are proposing that specialist care for children will be concentrated in hospitals with specialist childcare. This may mean that they are further away from your home. To what extent do you agree or disagree with this proposal.</p>
	<p>We would strongly agree that there should be specialist hospitals that are able to deal with conditions that are unusual, that affect relatively few children in any one area and need to be dealt with by specialists in their field. What is missing from the information here are the conditions that are regarded as specialist and the numbers of patients per year that would be treated in these units. There needs to be a balance between good local services that are accessible to parents and families for a majority of their needs, and specialist centres that deal with more complex cases. Also if patients, especially younger patients, have to travel to specialist units for treatment there needs to be adequate support locally for on-going or follow up treatments to be dealt with locally where possible.</p> <p>The residents of Bexley require a local inpatient service for children. Our local hospital, Queen Mary's Sidcup children's wards are under threat of closure under the Picture of Health Consultation. Not all child illnesses require 'specialist care' and often being closer to friends and family so they can be visited will have a very positive impact on a child's recovery. Families can struggle if they have other children at home and added travel will make the pressure harder.</p> <p>We feel strongly that preventative measures and striving to achieve early intervention through agencies working together is important to children's health and well-being. How services for children and families are planned and commissioned needs to be developed jointly to meet the needs of the community. The availability of local services such as speech and language therapy and occupational therapy and identifying the need for these services early are essential.</p>
8	<p>What, if anything, could we do to encourage more parents to <input type="checkbox"/> immunise their children</p>
	<p>This question would be better phrased as "what are the barriers that prevent you getting your child immunised?" There is a lack of public confidence regarding some combined vaccinations and the consultation should give people the opportunity to express their concerns. Is there any scope to offer more choice in the vaccinations available? Choice is a key theme in many other service areas. If a barrier to immunisation is the types of vaccination offered, would the choice be widened and individual vaccinations</p>

	<p>offered for example.</p> <p>We are also aware of an element of “postcode lottery” when it comes to vaccinations such as BCG across Bexley and Greenwich. In Greenwich the vaccination is available to everyone, in Bexley it is only recommended if the patient or their family come from a country considered to be a risk. Immunisation services should be equitable not different from Borough to Borough.</p>
9	Please give us any other comments on this section below.
	<p>We are pleased to see Children’s issues are being managed separately through this process. It is essential that parents have access to 24 hour emergency care for children locally. Evidence suggests that parents often take their children to A&E as a precautionary measure because their GP is not accessible, even if the condition would not necessarily be considered an emergency. An additional facility for parents to access urgent healthcare locally, at any time of day or night is essential.</p>
	Mental Health
10	We established a new mental health working group including more clinical representatives. The results of this work will be published in Summer 2008. In the meantime, please give us your views on the recommendations shown in this section, to help us with the more detailed work.
	<p>The recommendations included in the consultation document are inline with what we would like to see and we hope that the mental health working group will translate these into plans for local services that better meet the needs of this vulnerable group. Accessing the right services when they are needed has proved difficult with long waits for therapies and other treatments. Close working with partner organisations is needed to improve the long-term prospects for people with mental health needs. We would like to see more information regarding a strategy for the enhancement of the delivery of mental health services; this is clearly an area in need of greater investment and is an area that has been a victim of cost cutting in the past. The situation that 93% of GPs have prescribed anti-depressants because of a lack of suitable alternative is clearly alarming as is the fact that Londoners do not receive the same level of service as other parts of Britain. There is not an easy solution to these problems but without more investment, a higher priority for mental health services and a lot of work to map out a sustainable service that will work on the ground, these issues will not be adequately addressed, we look forward to reading the working groups findings.</p>

	Acute Care
11	If there was a telephone service to treat your urgent care needs, what facilities would you like it to have?
	The section discussing telephone access to urgent care states that callers are often confused as to the number to ring. The solution put forward is to bring in another number for urgent healthcare queries. However, it is unclear how this would differ to NHS Direct and why it would be more effective than the current service? Question 11 outlines the facilities that could be available – most of which are available already and have been considered in some cases to be ineffective. We are concerned that the IT infrastructure may not be in place to deliver the “Hear and Treat” service. Are there plans for sufficient investment to make this work?
12	<p>We propose developing some hospitals to provide more specialist care to treat the urgent care needs of the following conditions. These would probably be further away from your home than your local hospital. If these proposals are adopted, the number and locations will be subject to later consultation:</p> <ul style="list-style-type: none"> • Trauma – about three hospitals in London • Stroke – about seven hospitals in London providing 24/7 urgent care with other hospitals providing urgent care during the day and rehabilitation • Complex emergency surgery needs – we need further work to assess the number of hospitals required. <p>To what extent do you disagree with the proposals to create more specialised centres for the treatment of severe injury, stroke and complex surgery needs?</p> <p>Trauma – Tend to agree in principle Stroke – Tend to agree in principle Complex emergency surgery needs – Tend to agree in principle</p>
	Please tell us why?
	We would tend to agree in the principle that specialist centres in some cases could deal with patients with

	<p>more severe needs more effectively to ensure that they are seen by specialists in their field and treated as quickly as possible to achieve the optimum outcomes.</p> <p>However we are agreeing with this statement as a broad principle without any information to a specific condition or information regarding the location and configuration of a specialist centre. For example, with regard to Stroke services, we would like to see the detail of a London Stroke Strategy before we could agree or disagree with this statement with regard to this condition. We would need to understand more about the number of people involved, the accessibility of the proposed seven units to ensure patients from across London would be able to access the essential CT scan within the 90 minutes timeframe and that the staffing arrangements would meet demand. A further issue that stems from this is having services locally that patients can be transferred to after their initial life saving treatment to deal with their continuing care needs. If bed blocking occurs at the regional centre because the local care isn't in place to transfer patients, this poses a risk to the effectiveness of the whole system. If the day care / local care arrangements are insufficient this will happen. We are aware of the lack of therapists locally and often bed blocking occurs on stroke wards because of insufficient rehab services. Community services must be in place first and accessible 24 hours a day. Once people are discharged from hospital their healthcare needs should be managed seamlessly as they return home, whether this is through continued healthcare treatment at home or at local hospitals through outpatient appointments. Care pathways must be in place to ensure that care continues locally from treatment in a specialist hospital and that the care pathways for patients are communicated and discussed with them. Intermediate care needs need careful considered locally for patients who cannot be cared for at home but have continuing healthcare needs.</p> <p>IT infrastructure is important here so that all healthcare providers have access to patients' information to be able to understand their history and deal with issues effectively. There is much anecdotal evidence of patients suffering through lack of communication between healthcare institutions and, as more patients are treated by a number of different institutions, this problem could worsen if there are not adequate systems in place.</p>
13	<p>If you agree that there should be specialist centres for the treatment of trauma, stroke and complex surgery, to what extent do you agree or disagree that ambulance staff should take seriously ill and injured patients directly to these specialist centres, even if there is another hospital nearby?</p>
	<p>We are assured that this is already the case in Bexley as some stroke patients and certain heart attack</p>

	patients are taken to directly to inner London hospitals that are better equipped to deal with these issues. The consultation material states that in 2006 no hospital trust in London gave at least 90 per cent of stroke patients a scan within the less-than-ideal benchmark of 24 hours. This implies that patients who are currently being taken directly to other hospitals in London are still not receiving 'best practice' treatment. Will the performance of specialist hospitals in delivering specialist care be monitored against the 'best practice' benchmarks rather than against the current 'less-than-ideal' benchmarks?
14	Please give us any other comments on the proposals in this section
	Access to 24 hour urgent care is an essential local service that should be factored into any local plans for reconfiguration of services. More clarity is required around what Urgent Care Centres are and how they operate as there are Centres that offer services for minor injuries operating under different names and at different times depending on where they are located. It would be useful to introduce some consistency that enables the public to understand what is offered and when it can be accessed.
	Planned Care
15	How useful, if at all, would you find it for GP surgeries to open for appointments in the evenings and at the weekend?
	This would be very useful. In boroughs where major healthcare reconfigurations are taking place (i.e. changes to the structure and location of A&E, out of hours Urgent Care and services moving closer to the community), extended availability of local GP services will be essential in minimising the numbers of patients attending A&E with minor issues, particularly if there may be less A&E departments to deal with the demand.
16	Please give us any other comments on the proposals in this section
	There is mention of access to MRI and CT scans and bottlenecks in accessing these diagnostic tests. However, it does not elaborate any further on how it is proposed to deal with these bottlenecks. Diagnostic services are on the list of services to be available in local hospitals and polyclinics as part of the original Healthcare for London report so it would be helpful to know if there will be investment in more equipment for community facilities as well as those already provided in our local hospitals?
	Long Term Conditions

17	Thinking about how the NHS in London is balancing the resources it spends on long-term conditions (e.g. asthma, diabetes), do you think :
	Options: A – a greater proportion of future spending should go to help people with long-term conditions stay healthy by investing in more GPs, specialist nurses and other health professionals and the services they provide.
	Please tell us why?
	Patients should be supported in managing their conditions. More funding for community healthcare is needed if people are to be supported in this way.
18	Please give us any other comments on the proposals in this section
	It is important that patients are supported by healthcare professionals in the community to enable them to have more control over their conditions and how they live and to manage their conditions independently. Better education and access to services and advice is essential for patients to feel comfortable and supported in managing their own care. Adequate investment is needed to make this work to ensure the pressure and financial burden is not shifted from one organisation to another.
	End of Life Care
19	Do you think new end of life service providers responsible for co-ordinating end-of-life care will result in better or worse care for patients than the current arrangement?
	The model presented for End of Life Service Providers sets out a joint approach to end of life care that has been lacking in the past. It should result in better care.
20	Please give us any other comments on the proposals in this section
	Close working with local authorities is essential in developing local service plans for end of life care pathways.
	Where we could provide care
21	The proposed polyclinics would have a number of features. We would like to know what five factors are most important to you.
	We feel that the questions regarding the services included in a polyclinic are ill-considered. The question

	<p>presents a number of options for services that could be included and some of these would not necessarily be achievable in Bexley. For example: the prospects for co-locating leisure facilities with healthcare services would need to be discussed in detail and the practicalities explored before it is presented as a possible option for the future. Otherwise, people's expectations may be raised unnecessarily. For this reason, we feel that the list of options should contain known deliverable options for a specific area.</p>
22	<p>To what extent do you agree or disagree that almost all GP practices in London should be part of a polyclinic, either networked or same-site?</p>
	<p>The document sets out the different ways in which a polyclinic should work and asks a question about same-site or networked services. The document states that if all GPs in an area wished to relocate to the same building, the vast majority of Londoners would be within 1.5 miles of a polyclinic. As a Borough with an aging population, many elderly people choose a GP surgery that is convenient and easy to reach as they access these services regularly within the standard opening hours. Therefore across the borough, co-located services could work in one area and cause difficulties in another. The needs of each community should be considered before this question can be answered and local solutions should be freely developed to meet the needs of the community.</p>
23	<p>We are proposing moving the treatment of some conditions (e.g. trauma, stroke and complex surgery) to specialist hospitals and providing more outpatient care, minor procedures and tests in the community. Local hospitals would continue to provide other types of care as they do now. Which of these statements closely fits your view?</p>
	<p>Option number four we would mostly agree with: The treatment of some conditions (e.g. trauma, stroke and complex emergency surgery) should be moved to specialist hospitals; and more outpatient care, minor procedures and tests should be provided in the community. Local hospitals would continue to provide other types of care as they do now.</p>
24	<p>Please give us any other comments in this section</p>
	<p>Community facilities need substantial planning and investment to enable services to be provided in line with the vision set out in this document. Joint working with partners is essential in making this work and adequate funding to provide the enhanced working practices that are set out as part of out of the vision of hospital care.</p>

	Turning the vision into reality
25	In the front of this booklet we described five principles. Now that you have seen how these principles will be applied throughout the proposals, please tell us whether you agree or disagree with each of these principles?
	We would broadly agree with all of the principles. We would not agree that regional services should replace local facilities that people in the community want and need.
26	What, if any, other principles do you think there should be?
	Accessible local services that meet the needs of the community, specialist regional services to provide cutting edge specialist care.
27	To what extent do you agree with the following statements?
	If local services are commissioned locally through joint working and are given the necessary investment required and time and management to make them work effectively then we would agree with both of these statements.
28	What else could be done to improve access to health services and improve the health of deprived communities and disadvantaged groups?
	Planning should be undertaken at a local level to ensure that the services commissioned and the way services are delivered meet the needs of each community. Work should be undertaken with partner organisations to ensure each service provider understands in detail the issues that face their local community and joint strategies can be identified to deal with them.
29	Please give us any other comments on how health services in London could be improved over the next ten years
	Over the last 10 years there has been a substantial amount of investment in the NHS which has resulted in improvements – but these improvements do not match the significant investment received. This is coupled with huge financial deficits across London resulting in some Trusts being considered financially unviable. Some of this is a result of having commissioned new facilities that present unsustainable long term financial

burdens for the local health economy and this, in turn, means that some facilities are at risk. Some of these burdens have then been worsened by the changes to the way that Trusts receive payments for the work they do that has been implemented by the Department centrally.

There is often a lack of cohesion between Primary and Secondary care which we have witnessed when visiting primary care led services in secondary care facilities. These issues need to be addressed if the reality of a world class healthcare service for London is to be achieved.

A long term vision needs to be just that – long term, not overtaken by a further review in two years time. The vision set out by Lord Darzi needs investment, not only in Healthcare but in other related services to ensure the services work seamlessly as they are set out in this document and the financial burden is not simply passed on elsewhere e.g. to local authorities. The services should be developed locally with all partners involved in the discussions and joined up care should be provide (as outlined in principle number two) with a commitment to investing long term to make this work.