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Care Scrutiny Panel

**Scrutiny and Performance Unit  
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Dear NHS London

## **Healthcare for London Consultation**

I am pleased to submit on behalf of my panel our response to Healthcare for London.

### **Introduction**

The Adults Health and Social Care Scrutiny Panel was established in 2000 and has the remit to scrutinise local health services in Hounslow and to set up and take part in any joint health scrutiny reviews as set out in the Health and Social Care Act 2001. Our Panel is also represented on the pan London Joint Overview and Scrutiny Committee, which as you know has been set up to respond on a regional basis to NHS London's proposals.

Locally, we engage well with our PCT, West Middlesex Hospital and the West London Mental Health Trust.

This response compliments the response of the Council's submission.

### **General Comments**

We note that HfL sets out a direction of travel for the future of healthcare across London. We look forward to receiving detail proposals for the Hounslow area so that we can consider implications for residents as well as the local health and social care economy.

### **Specific comments**

#### ***Staying Healthy***

1a - The changes listed are typical of the action, options, advice that people will consider when thinking about improvements in their health. We have no further comment to make on this list.

1b - Advice and support type services and activities need to be easily accessible. For example through more well-being type services run in partnership with the local authority and voluntary sector.

1c

- More emphasis on prevention type services
- More prescribing for health, e.g. fitness sessions etc
- Easy access to full range of health services e.g. longer opening GP surgery hours and at weekends
- More awareness and related services to address specific health needs of people with learning difficulties.

2. We strongly agree with the statement. All people should be able to get first level advice when coming into contact with health professionals. The experience of our residents is varied – from excellent advice being offered to none. We support any plans to enhance and develop training of healthcare staff so that they can provide this level of advice.

3. We feel strongly that realistic resource levels should be made available to Hounslow's local health economy so that localised services can be planned, developed and sustained in partnership with patients, public and key partners. Hounslow like other boroughs has many health issues in common with other areas. However it also has its own specific set of pressures. For example, high rate of sexually transmitted infections, teenage pregnancies and smoking cessation challenges. Therefore we would wish for resources targeted for prevention work is ring fenced and protected and that current and new models are allowed to develop and not subject to change. Constant change makes it hard for scrutiny members, patients and public to assess the effectiveness of impact and genuine outcomes.

### ***Maternity and newborn***

4. We feel strongly that women should have access to support and care during pregnancy, birth and post natal in settings of their choice. We consider that it is important that women can give birth

- in a midwife led unit in the community
- in a midwife led unit with a doctor led unit on the same site and
- at home.

However we also feel strongly that women must be able to access maternity services without having to travel significant distances and also incur travel costs. When reviewing Ashford and St Peters Hospital reconfiguration jointly with Surrey County Council's OSC, we heard from Hounslow GPs that some of their patients would not travel from Hounslow to St Peter's because of poor public transport and the costs of public transport outside of London.

Furthermore this group of GPs pointed out that teenage girls who were pregnant were less likely to access antenatal care at St Peters because of travel distance and associated costs. As Hounslow is one of the areas where we have high teenage conception rates (in 2006:163 conceptions, 51% abortions and 83 live births.), we are understandably concerned that there should be good access to the full range of maternity services.

5. We feel strongly that women should have to option to choose either being visited at home or at a health clinic.

6. We are proud that our local hospital, West Middlesex, has excellent maternity services and is popular with local women from within Hounslow and neighbouring areas.

We support West Middlesex's plans to expand this service so that it can accommodate 1,000 more births through a new midwife led birth centre. We would also wish to see our hospital provide one to one midwives for vulnerable women along the lines of the Albany Midwife Group in Peckham.

Whilst we wish to see, and will support, West Middlesex Hospital in pursuing their plans to position themselves to one of larger units providing 7,000 births per year, we are worried about resources and infrastructure.

*Resources* - We are concerned about the shortage of midwives and the numbers that will retire over the next five years. Although we know that there is an increase in the number of midwives being trained, we are uncertain about the net gain and what this might mean for West Middlesex in the medium to long term.

*Infrastructure* – In order to expand we are aware that West Middlesex may need to rebuild the existing maternity unit. We would be disappointed if NHS London did not support the hospital in addressing the infrastructure issues.

Notwithstanding our support to see West Middlesex hospital expand into one of the larger units as set out in HfL we wonder if a larger units are the best way forward? We certainly understand the economic and professional reasons for larger units. However there may be a risk that expansion of highly successful maternity services will mean a loss of the unique features that made it both popular with local women and delivery of excellent performance from the healthcare professionals.

We look forward to seeing the detailed proposals for maternity and newborn care.

### ***Children and Young People***

7. Whilst we agree with the proposal that specialist care for children should be concentrated in specialist settings we feel strongly that there should be a balance between local provision and specialist. It would have helped if examples could have been provided as to what are deemed to be specialist conditions and the volume, capacity of these settings.

We would not wish to lose our inpatient children's' services at West Middlesex.

8. Information, choice and consistency of practice with regard to who is immunised. There should be no postcode lottery.

9. We believe that all agencies should work together to ensure children's health and well-being. This requires joint planning and commissioning and ensuring that services like speech and language therapy are provided for locally.

We are pleased that Children's services are being considered separately as this will ensure that all agencies and partners who are responsible for children's services will be involved.

Young Carers and transport and access

We look forward to seeing the detailed proposals arising out of this work stream.

### ***Mental Health***

10. We support the recommendations set out in this section. You will be aware of our concerns with regard to CAMHS in Hounslow, which resulted in our referral to the Secretary of State. We are pleased that we have made good progress on tiers 1 and 2 locally and we will continue to monitor impact at tiers 3 and 4.

It is essential that more effort and practical steps are taken to ensure that black and ethnic minority communities can access support.

We agree that access to the full range of CBT and talking therapies services is problematic and we hope that additional work on this area will result in some clear proposals.

We look forward to the working groups findings.

### ***Acute Health***

11. We consider that a to f should be dealt with through a telephone based service for those that want, appropriate to their urgent circumstances. For others, and other situations to be able to easily access urgent care in any of the variety settings described – the emphasis here is easily accessible.

12. We agree with the proposals that there should be more specialised centres for trauma, stroke, and complex emergency surgery. We would hope that West Middlesex hospital would be one the specialised sites for strokes, especially when our local demographics are taken into account – high rates of diabetes, cardiac and vascular diseases combined with a large ethnic minority population. We look forward to receiving detailed proposals on the specialised centres before we can offer anything more than an in principal support. For example we would wish to see the London Stroke Strategy and how the patients could access CT scans within the 90-minute window.

13. We note that this is current practice already with stroke and heart patients. Therefore we agree that seriously ill and injured patients should be taken to specialist centres by ambulance staff.

14. No further comments.

### ***Planned Care***

15. Access to GPs in a 24/7 culture is important. Many people due to their working patterns or lifestyles can only make appointments in the evening or at weekends. The easier access to GPs the less that will turn up at A&E with less urgent, serious needs.

16. We agree that there should be more local and specialised care. However we would wish to see how the bottlenecks described for accessing diagnostic tests would be addressed before providing further comment. We note though that some diagnostics are likely to be situated in polyclinics.

### ***Long-term conditions***

17. We would support option A as this would enable patients to be in better control of their conditions and effective use of resources. In Hounslow we have some excellent community pharmacists and we would wish to see them also properly supported.

18. We are concerned that there will not be adequate resource allocation to support patients in managing their conditions and would wish to see the whole system adequately resourced.

### ***End of life care***

19. The joint working proposed will we believe result in better care. However we await the detailed plans.

20. No further comments at this stage.

### ***Where we could provide care***

21. We are aware that Hounslow PCT and the West Middlesex Hospital are in support of the model of polyclinics. Indeed we can see the potential for hub and spoke in the Heart of Hounslow. We also support the idea that health could be delivered in a range of settings, that is, where people naturally go. For example local midwives run a specialist antenatal clinic for teenage young women in Hounslow Youth Centre. However we feel agree that there should no one single model and would like to see the detailed plans and proposals for Hounslow which include start up costs before we can offer a more detailed view.

22. We believe that there should be a balance of same site and networked services. As already highlighted access and transport is key for patients. Again we would wish to see where the same sites and plans for networks before we can provide further comment.

### ***Turning long term vision into reality***

23. We mostly agree with option d.

24. No further comment at this stage.

25. We broadly agree with these principles but would want to see what local and regional meant for Hounslow patients and its community.

26. No comment

27. We would need to see the affect of these changes before providing comment.

I hope you find our response helpful and we look forward to receiving the local plans for Hounslow.

Kind regards

Cllr Jon Hardy  
Chair of Adults, Health and Social Care Scrutiny Panel