Appendix 7

PUBLIC QUESTION TIME

LONDON BOROUGH OF HAMMERSMITH & FULHAM

COUNCIL MEETING – 3 JULY 2013

Question by: Mr Carlo Nero

To: Cabinet Member for Community Care

QUESTION

"In looking back at the leaflets, flyers and other literature the council was distributing across the borough last summer costing taxpayers tens of thousands of pounds, I was reminded that the council was explicitly and unreservedly campaigning to save Hammersmith and Charing Cross' A & Es and Charing Cross Hyper Acute Stroke Unit. By definition, this is what saving our local hospitals meant to the council. There was no mention When the Council began campaigning to save some minor injury and outpatient treatment, demolishing most of the hospital, getting rid of nearly all the beds, and leaving only a GP-run clinic. In light of recent revelations that A&Es across the country are completely overwhelmed and causing an increase in loss of life, and that areas which have lost their A&Es are also experiencing a substantial increase in deaths, how can the council honestly claim to be saving lives with the loss of both of the borough's A&Es?"

ANSWER

This is an important question and a hugely important issue for our borough. It is also very complex issue which requires a considered response. I make no apology for taking the time to provide a thorough answer. People here do not deserve politicking or a glib response … they are not going to get one.

Let me start by saying that there is one thing that everybody in this Chamber here tonight is united on – we all want the very best standard of care possible for our residents - acute care, primary care, secondary care, and care from Charing Cross and Hammersmith Hospitals.

Let me also start tonight by taking my hat off to the campaigners here tonight for the incredible work you have done, for the passion and energy you have brought to the campaign. I have full respect for you and the efforts you have made.
The issues surrounding A&E provision at Charing Cross and Hammersmith Hospital are complicated. They also pre-date the current proposals and the recent consultation.

In fact the current proposals before us stem from well before 2010 when the previous Government commissioned the Darzi Review to look at reform across the NHS.

Most people accept that the NHS has to change in some way, just like it has changed in every decade since its inception. Changes are inevitable given the huge demand for services, given advancements in technology and medicine, given changes in society.

If the NHS stood still and resisted change we would not have seen the incredible transformation we have had under all Governments. Nowadays people are living longer than ever thanks to better standards of healthcare. The NHS is treating more people faster and better than before. Death rates for conditions such as breast cancer and lung cancer are falling fast. At St Barts the introduction of the Cyberknife means that tumours are now being treated which would have been impossible only a few years before.

Yet, while standards have continually improved, so has demand increased – as you point out.

The previous Government responded by commissioning the Darzi review way back in 2007. The Darzi review called for a major overhaul, suggesting that GPs should take on half the workload of overstretched A&E units. It recognised that many people did not really need to be treated at A&E – the type of injuries or ailments they had could be better treated in the community.

Darzi also recognised that A&E units were not always offering the very best standards of care. Many were under-resourced or understaffed and lacked sufficient cover from experienced consultants. Darzi made it very clear that the answer was not to just throw more money at the problem – spend on the NHS was already going through the roof and even now in the age of austerity it is the one area of public finance that has been protected from cuts. Spend on the NHS has doubled in the past ten years – it currently stands at £104 bn and is still rising.

No, Darzi and the last Labour government, recognised that money alone could not solve it. We needed an overhaul in emergency care.

The Darzi review recommended a shift in emergency care with the establishment of specialist regional centres. These centres were to replace the days of the General Hospital trying to do everything but maybe not doing everything well.
These units would take in the most complex cases, offering the kind of expert care and resources that we all liked to think would be available should we be unlucky enough to need them. They are staffed 24 hours a day, seven days a week by experienced senior clinicians, they have the best care technology in the world, with all the required services that are sometimes necessary.

Currently in NWL and the country it is impossible to offer that standard of care in every A&E unit 24 hours a day, seven days a week. For one thing there aren't nearly enough senior clinicians.

Before the creation of these specialist centres people would be subject to some kind of lottery which would determine the level of expertise that they would get from their A&E unit. The sad fact is that if you were unlucky enough to have a major trauma accident on a

Sunday night, you were less likely to be treated by a senior clinician, and as a result more likely to die.

A London Health Programmes analysis of emergency admissions carried out in 2011 found that, on average, people admitted at weekends had a 10% higher mortality rate. The study concluded that changes in shift patterns, when there were fewer senior clinicians available, was a major factor in explaining this.

It went on to conclude that in London alone 500 deaths could have been avoided each year– 130 in our patch across North West London – if we had specialist centres offering concentrated care where the best clinicians were on hand seven days a week, 24 hours a day. You will never be able to replicate this standard of cover at every local A&E unit.

Meanwhile, the 2010 Sentinel Stroke Audit showed how treatment of strokes across the Capital had improved vastly within five years thanks to the emergence of concentrated centres of care, or Hyper Acute centres. Five out of the seven stroke units in the UK are now in London, including the one in our area. Furthermore a University of London report concluded that hyperacute units have saved 400 lives while reducing levels of long term disability.

This clinical history is part of the evidence that is informing the Council's position now.

In our neck of the woods St.Mary's has a specialist centre for major trauma. Hammersmith Hospital has a world class cardiology unit. Chelsea & Westminster has a world class paediatric centre.

And here is a vital point to which I gave considerable thought during the consultation – and which I am afraid maybe still lost on some. If you have a heart attack outside Charing Cross hospital tomorrow, you will be taken by ambulance to Hammersmith. If you have a major trauma incident you will be taken to St Mary's. And if your child needs paediatric care that ambulance will take you from the Fulham Palace Road to Chelsea & Westminster. We already have specialist centres in NWL. And this already *saves lives*.

Of course we would have preferred Charing Cross and Hammersmith to be specialist emergency centres. Sadly we lost that debate some time ago, well before Shaping a Healthier Future. It was this council that constantly banged the drum for Charing Cross, constantly highlighted the transfer of services when others accused us of scaremongering. We argued from the very beginning that specialist services should be based at Charing Cross, highlighting its proximity to Heathrow and major population centres. In particular we lobbied hard for the hyper acute stroke unit to remain where it is at Charing Cross.

Nobody has been more passionate in this debate than our former Council Leader. As everybody knows this was his number one campaigning issue.

Sadly, very sadly, we lost the debate – and that decision was taken some time ago. The Major trauma unit at St Mary's opened on 1st December 2010.

Maybe I should repeat that date…. 1st December 2010 following the Darzi review. The seeds of the current decision were not just sewn back then, they have positively bloomed into the NHS we have today.

So, given the history on this – given that the decision to start the inevitable downgrade of Charing Cross's A&E unit was taken way back then, we realised that the current review was not just about A&E – it never was. Given the concentration of specialist services elsewhere – it was about the existence of the hospital itself and the everyday services that we all rely on.

Of course we would love to save the A&E unit – we still would. But there has to come a time when we recognise the historical shift that has occurred. It was never going to be possible to dismantle the future direction of the NHS which was set nationally six or more years ago. Our part of NWL was never going to be an enclave that resisted change when change is happening fast across the country with specialist emergency centres already established in every region.

And clinicians voiced their opinion loud and clear. They told us that lives would be saved through the creation of consolidated emergency departments. And they told us that without a complimentary paediatrics or major trauma department at Charing Cross – decisions taken years before – it was unlikely that it would be chosen as the location for such a specialist emergency centre. Despite the proud history of the hospital and its great transport links.

So we had a choice, a very tough choice. Do we continue campaigning and waving placards, collecting signatures. Or do we face up to reality?

Believe me it would have been so easy for us to have carried on campaigning. We would have carried on receiving favourable headlines, we could have been issuing press releases with photocalls every week.

But being in power isn't all about popularity contests. It is about responsible decision making. We have a responsibility to our residents, a responsibility to do the right thing.

We therefore took the decision to get round the negotiating table to try and hammer out the best possible deal for our residents given that history, given that context, given the direction of travel and given the clinical research which shows that regional centres of specialist care, like the one at Hammersmith Hospital, save lives.

Charing Cross was never going to become a specialist emergency centre – as I said – we lost that debate years ago. Therefore our focus had to be on preserving as many services as we possibly could given the draconian proposals originally before us which would have demoted the hospital to nothing more than a GP clinic.

And we achieved a huge amount through that negotiation – not enough for the people here tonight, but nonetheless we retain most of the everyday non-emergency services that we all rely on. Services retained or even added include MRI scans, CT scans, endoscopy, cancer care, renal services, physiotherapy, occupational therapy. I know some people like to dismiss this or talk this down but the fact is that thousands of our residents rely on these services everyday of their lives.

The current proposals do not include an A&E unit, but it does include an Urgent Care Centre which would treat around 70% of people who currently use A&E.

I totally understand that the new proposals do not go far enough for people here tonight, I fully accept that. But they are a massive step forward. Together we have ensured that Charing Cross will survive as a hospital.

Had we not decided to get around then negotiating table and to carry on campaigning, maybe talking up costly legal action that could have left our residents with a six figure bill with little chance of success, there is a prospect – a very real prospect – that we would have lost everything. We weren't prepared to take that risk.

People want more and I fully accept that. I want more **which is why we have been continuing to work with NHS and to press the case for maximising the potential of our hospitals**. We want Charing Cross to provide the best possible services for our residents, taking its place in the expert care network now established.

Let me just say this. We are talking to the NHS about whether we can improve the level of everyday emergency care services available at Charing Cross, accepting that the very specialist emergencies will continue to go to St.Mary's, Hammersmith or Chelsea & Westminster where people have a greater chance of surviving because of the concentrated care and resources available.

We are not just talking to Imperial, we are talking to a range of providers and our local commissioners. Barely a week goes by where conversations have not taken place. We said at the last Full Council meeting that the new business cases that are being developed with the new proposals are the minimum we expect.

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But this is only part of the picture, we have also been doing much more – often behind the scenes – to improve healthcare in this borough and to reduce demand on A&E services at a time when demand in some parts of the country - as Carlo quite rightly points out, is increasing.

One of the problems confronting the NHS right now is that too many people are going to A&E who shouldn't have to. A study by Imperial College recently revealed that 100,000 visits a year could be avoided if patients had access to quicker GP appointments. In fact it is estimated that one in four people who attend A&E could be treated in the community, either at their GP surgery, a community health centre or at home.

And by treating patients well in these environments we can prevent the deterioration in their health and onset of crisis that will require them to visit A&E and spend time in a frightening and disorientating acute hospital environment.

And this is an area where the Council can make a huge difference.

We are working hard with GPs and other health professionals to vastly improve community health care in our borough.

As we all know accessing the healthcare that you need can be like a labyrinth for some patients, with different trusts, different providers, with their individual needs spanning across those providers. It is daunting at the best of time.

By working with GPs and NHS Trusts, vulnerable people in our borough will soon be provided with one point of reference – one person to deal with – one person to steer them round that labyrinth, making sure that they receive joined up care based around individual needs. We will be tearing down the barriers between social care and health care – all their needs will be met with one care package. This is a massive step forward which will have a huge impact on the health and wellbeing of our residents. It will totally transform the level of care people receive in their own home. And yes… it will reduce demand on A&E.

Yes, this vision could mean a little less money spent in acute hospital settings. Because a lot more is being invested to stop our frail and vulnerable residents from ending up there in the first place.

But let me assure you. Our support for the SAHF programme is based upon the achievement of these Out of Hospital advances. We want to see real changes in community care over the next few years, and real evidence that this is leading to a reduced reliance upon acute hospital services and A&E departments. We will be monitoring progress closely. We will be helping to deliver this vision. Our residents would expect no less from us.

Specially I want to measure our success in the following areas:

1. The creation of Virtual Wards which will be established across the borough as a means of delivering reductions in acute hospital activity, through improved case management and care co-ordination
2. Personalised care planning for 30,000 people at risk of admission to hospital
3. Improved Primary and Community Health Care Services, including upskilling primary care clinicians and community nurses
4. An increase in the revenue budget of £17m per year
5. Capital investment of up to £40m per year

Conclusion

So, let me sum up. I fully appreciate the concern and anger people have over the loss of emergency services at Charing Cross. It is a hospital that we all love and all rely on. I have tremendous respect for the people who have campaigned so adamantly to save it. I understand 'saving it' to them means retaining A&E services.

Tonight, I hope, I have gone some way to explaining the Council's stance and why we took the decision to negotiate and work constructively to co-design the best possible future for Charing Cross. To deny reality for short term political gain would have been an abdication of the long term responsibility that we have for our residents health.

Even though we do not agree on tactics, we all care passionately about our hospitals and our health system. We will continue to push for the best deal for our hospitals. And we will work with the NHS to *keep more residents well and Out of Hospital* in the first place.