



Local Voice in Health and Social Care

Health for north east London

**Report on the proposals for the
reconfiguration of hospital services**

and

**Response to the consultation:
“Delivering high-quality hospital health services
for the people of north east London”**

by

Hackney Local Involvement Network

22 March 2010

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Introduction

1. Hackney Local Involvement Network (LINK) is the independent statutory body responsible for public involvement in local health and adult social care services. This is our report on the proposals from primary care trusts in north east London for the reconfiguration of hospital services. It is also our response to their consultation document entitled 'Delivering high-quality hospital health services for the people of north east London'.
2. In June 2009 we set up an Acute Services Working Group to work on our response to the consultation. The Group met seven times. It was chaired by Michael Vidal and the members attending included Suzette Barry, Nicola Benjamin, Brizlall Boodhoo, Maureen Ford and Lin Lahm as well as Mary Adepoju representing City and Hackney Older People's Reference Group and Nansia Gatopoulou representing TLC Care Services. Members of the Group attended meetings of the Joint Health Overview and Scrutiny Committee for inner north east London and the north east London LINKs. Suzette Barry and Lin Lahm represent Hackney LINK on the People's Platform for inner north east London. Lin Lahm also represents the People's Platform on the Integrated Impact Assessment Steering Group.
3. We held a community consultation event on the proposals in conjunction with our host organisation Social Action for Health on 24 February 2010. Thirty seven people attended. The community groups represented included Age Concern (Woodberry Down) as well as parents from the Southwold, Shacklewell, Thomas Fairchild and Princess May primary schools. The responses we obtained at this event can be found in the Annex to this report. We also obtained survey responses at a health fair in Stoke Newington Town Hall on 21 January 2010 and an NHS City and Hackney roadshow at Tesco, Morning Lane, Hackney, on 4 February 2010. We received other completed surveys and correspondence.

Section 1

The closure of accident and emergency and maternity services

4. The primary care trusts in north east London want to reduce the number of hospitals providing accident and emergency, critical care and maternity delivery services in the sector from six to five. It is argued that there are too many accident and emergency departments struggling to provide a high quality service.¹ It is also argued that the provision of maternity care for women with the highest level of risk, or who develop complications in labour, is safe only in doctor-led maternity units on sites with full medical and surgical back-up, including critical care facilities for the rare occasions when women experience complications such as excessive bleeding.²
5. The primary care trusts are therefore proposing that accident and emergency, critical care and maternity delivery services should be moved away from King George Hospital in Redbridge.
6. The consultation document suggests that investment in better services in the community will reduce the need to attend hospitals.³ However, we find the document very unclear about how and to what extent the anticipated improvements in services in the community will prevent admissions or facilitate early discharge. We also find it very unclear about when the necessary improvements will be completed and about how they will be funded. In the absence of clear evidence that the improvements will sufficiently reduce the need for accident and emergency services we see no justification for closing an accident and emergency department.
7. The consultation document suggests that providing more care in the community will reduce costs.⁴ We are not aware of any clear evidence that moving services into the community will produce significant cost savings. We understand there is evidence to the contrary, for example from pilot trials of endoscopy in the community.

¹ Health for north east London, *Delivering high-quality hospital services for the people of north east London*, 30 November 2009, p. 27. www.healthfornel.nhs.uk

² Health for north east London, *Delivering high-quality hospital services for the people of north east London*, p. 28.

³ Health for north east London, *Delivering high-quality hospital services for the people of north east London*, p. 17.

⁴ Health for north east London, *Delivering high-quality hospital services for the people of north east London*, p. 41.

8. We are also concerned that the closure of an accident and emergency department could reduce the flexibility of the health service in emergency situations. We note the recent closure of Whipps Cross to contain a norovirus outbreak.
9. We therefore recommend that there should be no reduction in the number of hospitals providing accident and emergency, critical care and maternity delivery services.
10. We are concerned by the way in which the primary care trusts have used the opinions of clinicians to support this and the other proposals in the consultation. There is a diversity of opinions among clinicians and only a very small proportion of clinicians, mainly doctors, have been involved in developing the proposals.
11. We are also concerned that the primary care trusts appear to have made this proposal without commissioning an independent face to face travel survey to find out the actual journey times of patients attending accident and emergency departments. We recommend that such a survey should now be commissioned.
12. We note that it is very difficult for members of the public to make informed judgements about how many accident and emergency departments and doctor-led maternity units there should be in north east London. We did ask participants at a consultation event whether they would feel confident to go to a GP-led service at a polyclinic instead of an accident and emergency department. However, the responses we obtained, which can be found in the annex to this report, were fairly evenly split and some people found that this question too was difficult to answer without further information.
13. We are concerned by the likelihood of further proposals for reductions in hospital services after the present consultation has been completed. (The long term threat to emergency and maternity services at the Homerton is discussed in Section 4 of this report.) This concern is reinforced by our awareness of the financial pressures that will face the NHS as a whole over the next few years. A confidential report from the consultancy firm McKinsey, which was in the news in September after being seen by the Health Service Journal, indicated that the NHS in England would need to lose 10% of its workforce if it was to achieve its planned £20 billion of savings by 2014.⁵ We support the calls by Members of Parliament for this report to be made public so that its implications for services can be more widely understood.⁶ We also note the huge burden of repayments facing the NHS in London as a result of the provision of new facilities through the Private Finance Initiative (PFI) and the NHS Local Improvement Finance Trust (LIFT) programme.

⁵ *Health Service Journal*, 3 September 2009, p. 4.

⁶ *Hansard*, 9 March 2010, columns 165 and 183. www.parliament.uk

Section 2

The concentration of specialised services

14. The primary care trusts want to move complex care onto fewer sites. It is argued that specialist teams will then become more experienced and more easily available.⁷
15. The primary care trusts are therefore proposing that complex vascular surgery (operations on veins and arteries), surgery on children under two and urgent or complex surgery on children between two and fifteen should be performed only at The Royal London Hospital in Whitechapel and Queen's Hospital in Romford. They are also proposing that children needing a stay in hospital of more than 48 hours should be concentrated in specialist units at The Royal London and Queen's. The Royal London and Queen's would become the two major acute hospitals in north east London.
16. We are aware that the Homerton does not provide complex vascular surgery and that it is King George and Whipps Cross hospitals which would no longer be able to provide such surgery under these proposals. We are concerned, however, that difficulties in securing specialist services in north east London are already creating clinical risks for patients and operational risks for referring hospitals.
17. A number of paediatric surgeons from The Royal London undertake operations at the Homerton. These operations currently include simple operations on babies. We endorse the view that it may make more sense for a surgeon to undertake such an operation at the Homerton than for a baby to be moved to The Royal London. We therefore recommend that the arrangement whereby paediatric surgeons from The Royal London undertake simple operations on babies at the Homerton should continue.
18. We are aware that the Homerton does not provide complex surgery on children and that it is Newham and Whipps Cross hospitals which will no longer be able to provide such surgery under these proposals. However, the Homerton does provide some urgent non-complex surgery. Its current policy is "that where a child is pubertal or post puberty and the consultant surgeon, anaesthetist and paediatrician are all in agreement that the child can be safely and effectively operated on at the Homerton, then the family and child will be offered the option of surgery at the Homerton".⁸ It gives the example of a 14 year old with

⁷ Health for north east London, *Delivering high-quality hospital services for the people of north east London*, p. 25.

⁸ Homerton University Hospital NHS Foundation Trust, Response to the Health for north east London consultation, February 2010, Q3.

an adult body mass requiring a simple fracture repair. It points out that it undertakes obstetric and gynaecological surgery for post-pubertal young people and that children will continue to attend hospitals which do not have specialist paediatric surgical provision for assessment of whether surgery is needed.

19. The Homerton also points out that it can be difficult to effect swift and appropriate transfer of a child from the Homerton to The Royal London.⁹ We agree that the reasons for this must be thoroughly investigated.
20. We asked participants at a consultation event whether the Homerton should continue to provide some urgent surgery for children in the age range 12-15 where the relevant professionals and the families agree. The responses we obtained can be found in the annex to this report. An overwhelming majority of these responses expressed the view that the Homerton should continue to provide such surgery.
21. We therefore endorse the view of the Homerton that the age of 15 is too high for the cut-off point below which a child or young person has to be sent elsewhere for urgent surgery. We recommend, in particular, that the Homerton should be able to continue providing urgent surgery for children in the age range 12-15 where the relevant professionals and the families agree.
22. We disagree with the proposal that children needing a stay in hospital of more than 48 hours should be concentrated in specialist units at The Royal London and Queen's. This is because of our concern about the difficulty in effecting swift and appropriate transfer of a child from the Homerton to The Royal London.
23. We disagree with the proposal that The Royal London and Queen's should become the two major acute hospitals in north east London. We disagree partly because we are concerned that the designation itself might become a basis for removing services from other hospitals and partly because we believe that the designation of particular hospitals as major acute should take account of the quality of their services and take account of their accessibility from other hospitals.
24. We are concerned that Barking, Havering and Redbridge University Hospitals NHS Trust, which runs Queen's, was rated as 'weak' on quality of services and on quality of financial management in 2008/09 by the Care Quality Commission.¹⁰ The report by the National Clinical Advisory Team on the Health for north east London proposals said:

⁹ Homerton University Hospital NHS Foundation Trust, Response to the Health for north east London consultation, Q3.

¹⁰ These performance ratings were published by the Care Quality Commission on 15 October 2009 and can be found on the Commission's website at the following address:
http://2009ratings.cqc.org.uk/findcareservices/informationabouthealthcareservices/overallperformance/searchfororganisation.cfm?cit_id=74729&widCall1=customWidgets.content_view_1

“The bringing together of acute and specialist services on the Queens site will prove to be a challenge (especially in view of its recent CQC rating: weak, weak). It will need much leadership, particularly clinical, and support throughout the change process if it is to meet its objectives.”¹¹ We are also concerned that the Trust had a significantly high Hospital Standardised Mortality Ratio in 2008/09.¹²

25. We therefore recommend that Queen’s should not be designated as a Major Acute Hospital before Barking, Havering and Redbridge University Hospitals NHS Trust has successfully implemented an action plan to raise the Trust’s rating for quality of services from the Care Quality Commission from ‘weak’ to ‘good’ and to reduce its Hospital Standardised Mortality Ratio to a level that is not significantly high. This action plan should be drawn up in consultation with Redbridge LINK.
26. We have a general concern about the effect of the concentration of specialised services on the workforces of the hospitals from which the services are transferred. We are concerned that losing these services could have a negative impact on workforce development and training at these hospitals and on the quality of the workers that they can recruit.

¹¹ Health for north east London, Report from the National Clinical Advisory Team, pp. 4-5.
www.healthforneel.nhs.org.uk

¹² Dr Foster, *How safe is your hospital?*, 29 November 2009, p. 17.
www.drfoosterhealth.co.uk

Section 3

The separation of planned and emergency surgery

27. The primary care trusts want to separate planned surgery (e.g. hip replacements, eye surgery and treatment of hernias) from emergency surgery. They argue that it is more efficient to have different teams for emergency and for planned operations in different theatres.¹³
28. The primary care trusts are therefore proposing that all the uncomplicated planned operations currently performed at Queen's should be transferred to King George.
29. We are not aware of any evidence that separation between planned surgery and emergency surgery requires separation into different buildings. We are not convinced that the investment necessary for the latter would represent good value for money.
30. We asked participants at a consultation event how important it is, when a patient is receiving ongoing treatment at a particular hospital, for emergency care to be available at that hospital. The responses we obtained can be found in the annex to this report. A large majority of these responses expressed the view that such availability is important.
31. We therefore recommend that, wherever possible, patients receiving ongoing treatment at a particular hospital should be able to receive emergency care at that hospital.
32. We are not in a position to assess the implications of some of the possible relocations of services to King George to which the consultation document refers. However, we are concerned about the possibility that current users and local communities might suffer through the relocation of services from Kenwood Child Development Centre, the relocation of Child and Adolescent Mental Health Services from Loxford Hall and/or the transfer of facilities such as rehabilitation beds from Heronwood and Galleon in Wanstead. We believe there should be full consultation about any such relocations including full consultation with the relevant LINKs.
33. The consultation document does not make clear what transfers of planned surgery other than the transfer of uncomplicated planned surgery from Queen's to King George might be involved in the

¹³ Health for north east London, *Delivering high-quality hospital services for the people of north east London*, p. 25.

separation of planned surgery from emergency surgery. We are concerned about the effects that such transfers might have on the hospitals from which services were transferred.

Section 4

The long term threat to emergency and maternity care at the Homerton

34. The pre-consultation business case reports that clinicians have a preference for a configuration of accident and emergency and supporting services on four hospital sites in the longer term with an interim stage of five in the medium term¹⁴ (though it envisages the possibility of resolving some clinical and financial pressures through an organisational alliance between Homerton, Newham and Whipps Cross hospitals¹⁵).
35. The pre-consultation business case also includes a 'non-financial options appraisal' which implies that, if two hospitals were to lose their acute and maternity services, one of them would be Homerton. The removal of acute services from King George and Newham hospitals is ruled out because of the investment that would be required at Queen's. The removal of acute services from King George and Whipps Cross hospitals is ruled out because of the investment that would be required at Newham.¹⁶
36. We therefore believe that there is now a long term threat to the provision of accident and emergency, critical care and maternity delivery services at the Homerton.
37. We are particularly concerned about the following statements in the consultation response from the Homerton: "We have also written to the Health for NEL review team stating that we do not recognise certain figures pertaining to the Homerton given in the supporting business case. This is not to challenge the review per se but to indicate that any specific decision relating to the Homerton could be open to challenge."¹⁷ We call on the primary care trusts to explain publicly how they arrived at the figures which the Homerton does not recognise.
38. The Homerton was established as a full general hospital in order to meet the needs of the population of Hackney. This population, which is distinguished by high levels of ethnic diversity and mobility, has particular needs which have affected the way the hospital has developed. We therefore believe that local residents have good reason

¹⁴ Health for north east London, Pre-consultation business case, 18 November 2009, p. 51. www.healthfornel.nhs.uk

¹⁵ Health for north east London, Pre-consultation business case, pp. 123-4.

¹⁶ Health for north east London, Pre-consultation business case, pp. 111-2.

¹⁷ Homerton University Hospital NHS Foundation Trust, Response to the Health for north east London consultation, February 2010, introductory section.

to be concerned about the possibility of key services being transferred out of the borough.

39. The Homerton has high quality accident and emergency and maternity facilities. We believe these should be used for their intended purposes rather than replicated elsewhere.
40. The Homerton has consistently performed well in the Annual Health Check and has a below average Hospital Standardised Mortality Ratio. It might seem strange for key services to be removed from an organisation performing well on these indicators.
41. We asked participants at a consultation event how important it is for the Homerton to provide accident and emergency services. The responses we obtained can be found in the annex to this report. An overwhelming majority of these responses indicated that it was very important for the Homerton to provide these services.
42. We therefore recommend that the primary care trusts in north east London should reassure Hackney residents that they will not bring forward further proposals which could lead to the closure of accident and emergency, critical care or maternity delivery services at the Homerton.

Section 5

Response to the consultation questionnaire

Complex care on fewer sites

Q1 To what extent do you agree or disagree that complex vascular surgery in north east London should only be performed at The Royal London Hospital and Queen's Hospital?

We neither agree nor disagree but have expressed a concern relevant to this proposal in paragraph 16 of this report.

Q2 To what extent do you agree or disagree that all surgery on children in north east London UNDER two years of age should only be performed at The Royal London Hospital?

We disagree strongly for the reason given in paragraph 17 of this report.

Q3 To what extent do you agree or disagree that all urgent surgery and all complex surgery in north east London on children between the ages of two and 15 should only be performed at The Royal London Hospital and Queen's Hospital?

We disagree strongly for the reasons given in paragraphs 18-21 of this report. We are also concerned that the issue of urgent surgery has been put together with the issue of complex surgery in this question.

Q4 To what extent do you agree or disagree that care for children who are likely to need to stay in hospital more than a day or two, should be concentrated in specialist units at The Royal London Hospital and Queen's Hospital?

We disagree strongly for the reason given in paragraph 22 of this report.

Q5 To what extent do you agree or disagree that The Royal London Hospital and Queen's Hospital should become the two major acute hospitals in north east London?

We disagree strongly for the reasons given in paragraph 23 of this report and have expressed concerns relevant to this proposal in paragraph 24 of this report.

Separating planned operations from emergency care

Q6 To what extent do you agree or disagree that planned surgery in north east London should be separated from emergency surgery?

We disagree strongly for the reasons given in paragraphs 29-31 of this report.

Improving emergency, critical and maternity care

Q7 To what extent do you agree or disagree that children should be assessed and treated in separate facilities developed alongside each accident and emergency department?

We neither agree nor disagree. The reason why we do not agree is that we believe that, if separate facilities for children cannot be developed alongside an existing accident and emergency department, this fact should not be used as a basis for closing it.

Q8 To what extent do you agree or disagree that the NHS can provide better, safer care with five rather than six hospitals providing A&E, critical care and maternity delivery services?

We disagree strongly. We believe all six hospitals should continue to provide these services for the reasons given in paragraphs 6-8 of this report.

Q9 If we do decide to have five rather than six hospitals with accident and emergency, critical care and maternity delivery services, to what extent do you agree or disagree that these services should be moved from King George Hospital?

We do not wish to answer this question because we disagree strongly with reducing the number of hospitals providing accident and emergency, critical care and maternity services. However, we wish to make clear that we believe that, irrespective of whether the number of hospitals providing these services is reduced, the Homerton should continue to provide them for the reasons given in paragraphs 37-41 of this report.

Q10 If in future there are no maternity services at King George Hospital and the delivery of your baby was assessed as 'low risk', where would you prefer to have your baby?

We disagree strongly with reducing the number of hospitals providing doctor-led maternity services. We note that these services cater for women who are at higher levels of risk. We also believe that, irrespective of whether the number of hospitals providing these services is reduced, women should have the option of having their babies delivered by such services.

The vision for King George Hospital

Q11 If King George Hospital's A&E, critical care and maternity delivery services transfer to neighbouring hospitals, to what extent do you agree or disagree that the NHS should make the following changes:

11a Move all uncomplicated planned surgery from Queen's Hospital to King George Hospital?

We neither agree nor disagree.

11b Move some of the kidney dialysis machines from The Royal London Hospital to King George Hospital?

We neither agree nor disagree. The reason why we do not agree is that we are not in a position to assess the implications of moving the kidney dialysis machines from The Royal London.

11c Develop a specialist children's centre at King George Hospital to provide neuro-developmental assessments, child protection, specialist therapy services for children with disabilities and Child and Adolescent Mental Health Services?

We neither agree nor disagree. The reason why we do not agree is that we are not in a position to assess the implications of relocating services from Kenwood Child Development Centre and relocating Child and Adolescent Mental Health Services from Loxford Hall. We have expressed concern about these relocations in paragraph 32 of this report.

11d Enhance services for adults and older people at King George Hospital by improving existing nursing support and minor surgery, developing a rapid access to specialist assessments service and transferring facilities such as rehabilitation beds from Heronwood and Galleon in Wanstead?

We neither agree nor disagree. The reason why we do not agree is that we are not in a position to assess the implications of transferring facilities such as rehabilitation beds from Heronwood and Galleon in Wanstead. We have expressed concern about such a transfer in paragraph 32 of this report.

Q12 Please tell us why you agreed or disagreed with any of the statements in question 11.

See the responses above to the statements in question 11.

Q13 Are there any other services you think should be provided at King George Hospital? Please tell us what these are and why you think they should be provided.

We do not believe that we are in a position to answer this question.

Section 6

Key recommendations

The key recommendations in this report are listed below. The paragraphs in Sections 1-3 of the report in which these recommendations appear are shown in brackets.

1. There should be no reduction in the number of hospitals providing accident and emergency, critical care and maternity delivery services (paragraph 9).
2. An independent face to face travel survey to find out the actual journey times of patients attending accident and emergency departments should be commissioned (paragraph 11).
3. The arrangement whereby paediatric surgeons from The Royal London undertake simple operations on babies at the Homerton should continue (paragraph 17).
4. The Homerton should be able to continue providing urgent surgery for children in the age range 12-15 where the relevant professionals and the families agree (paragraph 21).
5. Queen's should not be designated as a Major Acute Hospital before Barking, Havering and Redbridge University Hospitals NHS Trust has successfully implemented an action plan to raise the Trust's rating for quality of services from the Care Quality Commission from 'weak' to 'good' and to reduce its Hospital Standardised Mortality Ratio to a level that is not significantly high (paragraph 25).
6. Wherever possible, patients receiving ongoing treatment at a particular hospital should be able to receive emergency care at that hospital (paragraph 31).
7. The primary care trusts in north east London should reassure Hackney residents that they will not bring forward further proposals which could lead to the closure of accident and emergency, critical care or maternity delivery services at the Homerton (paragraph 42).

Annex

Responses obtained from the public by Hackney LINK

Responses from working groups at a consultation event on 24 February 2010 run by Hackney LINK and Social Action for Health

Q1 Would you feel confident to go to a GP led service at a polyclinic instead of A&E?

1. I can go there. To go to my GP is better than waiting in the A&E.
2. I feel confident and happy to go.
3. I will feel confident because it is local and my GP.
4. Things should stay as they are at the Homerton.
5. If there are sufficient health services provided in polyclinics, I can go there.
6. A&E? I feel more secure and confident. Well that's my opinion.
7. Four of them [members of the group] are not confident but three of them are confident with their GP.
8. No - totally inadequate information given - PCT's view is partisan and we should have heard an alternative view.
9. Questions are not appropriate. Not enough information about the question. Therefore, it is impossible to answer as there is nothing to compare to.
10. Not enough information is given about polyclinics and how they compare to A&E.
11. No, not enough information about how it's going to run and whether one would be able to receive continuity of care from one's own GP. Polyclinic is open 12 hours. When polyclinic is closed, you would have to go to A&E.
How do we know about duplication of services and equipment?
No night cover.
Where is the ambulance going to go - polyclinic or A&E?
12. A polyclinic will not have the full range of services of an A&E. I cannot diagnose my own illness. I might have a serious condition. For minor problems I will go to my GP. I trust and know him. Also, a polyclinic will not be open 24 hours. A polyclinic will also have no ambulance service. We need more A&E services, not fewer ones.
13. Depends on how far and, if you are disabled, transport as well.
Would go to GP at polyclinic.
Yes, I would.
A&E – seen within 20 minutes at an A&E four years ago but waited 5 hours before that.
A&E too hierarchical - bad experience - too complex.
Dismissed at Whittington.

14. Four of the group are not confident to go to their GPs due to language barrier. Three are confident.
15. Question: is the polyclinic open 24 hours like an A&E? If not, A&E is my choice.
16. Any one. I think they should be open for 24 hours.
17. Maybe, if it's at Stamford Hill, I will go there.
18. If polyclinics are efficient for emergency care, I prefer to go there. Otherwise I choose to go to A&E.
19. I think it will be better.

Q2 How easy would it be for you to travel to another borough for treatment?

20. We don't have a choice generally. We prefer best and nearest.
21. We have to choose another borough because in local hospital sometimes the relevant services are not good enough.
22. I think it is best to go to the local hospital. It is not easy to travel to another borough.
23. Sometimes, when we call the emergency service, the ambulance takes us to a hospital in another borough instead of our own local hospital, it's very difficult to find the hospital and you are not familiar with their services, especially when you don't speak English. Most of the time they don't provide an advocate service, which makes our life difficult.
24. From experience, people are not encouraged to go to other boroughs for treatment.
25. I already do.
Impossible as I'm disabled.
Don't feel confident of transport outside the borough.
Don't provide hospital transport so have to take a cab.
Go in person to appointment.
Have emergency service at GP if you arrive in the morning.
26. My GP is in Clapton Fountayne Road Centre. GP decides to break and change services and areas. I was moving from Fountayne. I only live one road from the catchment area. Why should I have to move to John Scott?
27. I have to travel to Barts for my treatment. I have been on a waiting list for two years. I have now been given emergency admission. This said on paper 21 days but I have now been waiting for two and a half months and have heard nothing.
28. Very difficult, if it is an emergency.
Too far.
Who is going to provide transport for the elderly?
29. Not easy, especially with little kids.
Sometimes late for their appointments because public transport not easy (always late). It's very hard to get patient transport due to language problems.
30. It depends how far away it is. I have only had outpatient treatments at the Homerton and I could walk there. But I know someone who had a stroke and they wouldn't send an ambulance. He and his wife walked

- half an hour to the Homerton only to find he had actually had a stroke. That was last year. When he arrived, he was admitted as an inpatient.
31. Going to Barts took me three buses, which I found very difficult and I even got there late due to waiting on the buses.
Each hospital should provide clinic to the people of the borough. PCT are closing clinic without the local people's knowledge, making decision amongst themselves and making cuts. There are too many managers getting big salaries which could pay for nurses.
 32. I have travelled to another hospital outside Hackney, [?] Hospital, at my request to my GP for referral there. I happily travelled by public transport.
 33. I already do. I go to Barts and the genetic clinic at Great Ormond Street. And I'm at the Homerton.
 34. Not easy for them to get out for their GPs because of transport, time, children etc.
 35. Depends on the situation. If it's really urgent, we wouldn't want to travel out of the borough to get treatment.
Family and friends are needed all the time.
Family is working. They can't take patient to out of borough hospital.
Daft question.
Care closer to home, bigger, brighter, better, Anthony document [i.e. document provided by speaker], states everybody is 20 minutes walk away from your GP.
 36. As long as it's not too far, I won't mind.
 37. Daft question - what treatment are you talking about? Hospital? GP? Clinic? Physio? Follow-up? Etc, etc, etc!!!! Why should we need to - PCT always talking about "care closer to home"??!!!! It totally depends on the situation! So again – daft question.
 38. It depends on the situation: if it's urgent/serious, I'll travel anywhere; if it's not, I'll wait - for my local.
 39. I don't think it would be easier for us to travel to another borough because we won't be able to know the area. [?] should give us choice of hospital; then we could choose to go to hospital whenever we need to have treatment.
 40. Which borough?

Q3 When a patient is receiving ongoing treatment at a particular hospital, how important is it for emergency care to be available at that hospital?

41. I read a very good point about the transfer of the mental health ward away from the Homerton to a hospital with no A&E. Not only might this affect patients who had harmed themselves or other patients, but it would affect staff who might be harmed by a patient and have no urgent access to emergency care. Closures of A&E departments have led to ambulance queues at hospitals, e.g. Colchester – I know of this personally because my brother was affected by it a year ago. Harwich Hospital, near where my brother lives, has no A&E and everybody has to go for a 30 minute drive to Colchester. Harwich Hospital is nothing but a clinic now. For outpatient radiotherapy my brother had to do a

- round trip on the bus to Colchester every day. This is where these closures finish up – in worse services.
42. It is very important to have continuous care in the same place. If treatment has to be extended to specialist care, just can't be help. It is costly travelling, trying to get from one place to another.
 43. My youngest granddaughter was born in St Mary's Paddington because her mum kept having miscarriages. They received excellent care. If she got pregnant again, she would go there. Good hospital.
 44. The group agreed that it is very important to have emergency care available within the hospital where they are getting their ongoing treatments.
 45. Depends on care. If it is something that is heart/brain [?] based illness.
 46. I prefer to receive all treatment under one roof
 47. I think it's important to get all treatments in one place. But in this case the quality of care should be good in this particular place.
 48. One place which has expertise on all the areas is good. We don't want to go to different hospitals for different treatments.
 49. All treatment services should be located in one hospital instead of many different hospitals. They should provide quality services for their patients.
 50. I prefer to go to one particular hospital.
 51. All London hospitals should provide Kurdish-Turkish speaking advocate for Kurdish patients in Hackney. Because we have problems with Turkish speaking advocates and most of them are Cypriot Turkish speaking where it's very difficult for us to understand them and it affects our treatment negatively.
 52. It is very important for them to have [?] care in hospital.
 53. Very important!
 54. Emergency care or any care is important. But does anyone remember to supply that care, e.g. "district nurse"?
 55. It's important to have your treatment under one roof to make it easier.
 56. You have got to keep up continuity of treatment.
They all prefer all treatment to be under one roof.
Same hospital.
With the same medical team they know your condition.
Very important.
Visitors (friends and family) would have trouble locating patient as they live far.
 57. Important. Suppose you have complications at home. Sharing information doesn't work from experience. Had to wait a long time (4 hours) to find patient info and the right person to process it as aftercare from another hospital. So, it's important to all be in building.
 58. Whittington couldn't be bothered and passed me on. I got more help at John Scott Health Centre.
 59. Crucially important - nonsense that by and large - if you are still in the area at the time - there should be anything else!
 60. No. I want to continue with the hospital where I am receiving my treatment. I have real experience where they have lost my notes. Even if they have got my notes, they don't have the experience of my previous treatment.

61. Very.

Q4 It is proposed that urgent or complex surgery on children between two and fifteen should be performed only at the Royal London and Queen's. Should the Homerton continue to provide some urgent surgery for children in the age range 12-15 where the relevant professionals and the families agree?

62. Yes. Children should be treated under one roof where there are children's units. Homerton should provide care. It is their duty to [?] for the people of Hackney. Fix the Queen Elizabeth Hospital - let the children have their own hospital and [?].

63. Yes.

64. Two different questions!!!

a) *"It is proposed that urgent or complex surgery on children between two and fifteen should be performed only at the Royal London and Queen's."*

Again - totally inadequate information - really bad that we have not been given an alternative view.

b) *"Should the Homerton continue to provide some urgent surgery for children in the age range 12-15 where the relevant professionals and the families agree?"*

ABSOLUTELY - why would it be otherwise?

65. Yes, definitely at Homerton should continue to give the treatment. Where children are concerned, it is very useful if they are seen at the same place. Must always take consideration of relatives and family who can't travel to other hospitals.

66. Yes.

67. Yes. Children of all ages should be dealt with under the same roof.

68. a) *"It is proposed that urgent or complex surgery on children between two and fifteen should be performed only at The Royal London and Queen's."*

Not given enough information to answer question.

Need to be given answers.

I don't agree.

If they have similar facility in the Homerton, why not use it?

Why close down children's complex? They are lacking children's ward.

b) *"Should the Homerton continue to provide some urgent surgery for children in the age range 12-15 where the relevant professionals and the families agree?"*

Yes.

69. I have nothing against the idea of concentrating the experts in particular types of non-urgent surgery in particular places. But a child's life is very precious. High class services for urgent surgery on children should be available at the nearest hospital. Remember, all these proposals depend on an excellent ambulance service. Do we have one? One of our LINK members sat on a Hackney pavement for an hour waiting for an ambulance in the freezing cold just a couple of months ago.

70. Yes, in order to save lives!

71. They don't want their children under 12 years old to be sent out of Homerton. They would like them to continue being treated as an emergency in Homerton when it is emergency urgent surgery.
72. Taking one service out of the borough can have a negative effect on the rest of the services in that borough.
73. Yes.
Convenient to people in area.
Children would feel more comfortable going in closer to home.
Cost effective rather than ferrying people in ambulance.
Importance of easy access for family and friends, i.e. visiting rights wouldn't be possible or as easy out of the borough.
74. It is a medical decision but we want them to do it.
75. If there is no risk and Homerton is equipped to carry on this surgery, yes, they can do.
76. If doctors agree and [?], surgery can be done.
77. If 12-15s are same as adults, surgery can be done in Homerton.
78. If it is possible medically, they can carry on.
79. It would be different for children and adults. I don't think that it will be very difficult for children to receive treatment in Homerton Hospital.
80. This group needs to know why Homerton Hospital doesn't provide urgent surgery for children under the age of 12. Very hard to go to another hospital outside their borough. All agreed that teenagers aged 12-15 should be operated on in the Homerton Hospital. Also agreed to consider if they can change that age from 0-15 years old.

Q5 If two hospitals in north east London were to lose their accident and emergency services and maternity services in the future, one of them could be Homerton. How important is it for Homerton to provide A&E services?

81. Nearer to home makes it easier to access. It's the nearest A&E to us.
82. Very important.
83. It's very important, especially when you need emergency care. It is very important to have an A&E in your area. Group need to know where they are going to get emergency care when they need one (if they close Homerton Hospital).
84. Unhappy if Homerton lost its A&E. Hackney is the poorest borough. Health is really bad, Hackney needs its own A&E closer to home. Value it highly.
A&E is very good. If lost it, patient would be more ill as he is getting top class service at Homerton.
Variable.
It varies. Service is OK.
85. It is very important that the Homerton keeps its A&E. You can overload the London. [?] the first point of emergency treatment. Barts A&E gone. The next one Newham and Whipps too far away. The ambulances take their time. There are not enough ambulance services around to keep up with the change the PCT is making. They think they are God. They need to get real.
86. Very important. Must stay there.

87. Important for it to stay because in a life and death situation the closer you are to hospital the better. Where will the next hospital be? How far away? We have to be 30 minutes away. Have they got enough ambulances? Help to speed up the process and prevent fatality. Prevention of fatality, i.e. a stab wound.
88. It's very important for A&E that Homerton Hospital provides services. It's also very important for [them?] to have Homerton Hospital. It is the only hospital they have that is near to their community. They want Homerton Hospital to be open not closed.
89. They should improve the facilities rather than close maternity and emergency services in Homerton.
90. Very important.
91. It is very important to continue to use your own hospital. A&E should be at the nearest hospital to where you live. Also make an allowance for visiting. When I am taken to hospital by an ambulance, I want to be taken to my nearest hospital, which is Homerton. As a person who is falling in the older age group I feel I need [that?] my care should be nearest to my hospital.
92. Very important. I live in Hackney and Homerton is my nearest and dearest. A&E should never die. An A&E should be in every borough. Accidents do happen.
93. Crucially important. We need a "closer to home", fully staffed, fully resourced A&E for one of the worst deprived - and less well - boroughs in the country!
94. Very important.
95. I think that this is a priority because Hackney has a high rate of illness, crime and mental health [problems] and other places won't [?] be overrun with service if this one moved.
96. Although we are not 100% happy, we definitely want Homerton A&E open.
97. A&E and maternity services in Homerton should be open for Hackney residents.
98. It is vital for us. Please keep Homerton A&E.
99. Without providing an alternative they cannot close Homerton A&E.
100. At the moment there is no option. We want Homerton A&E open.
101. We value having an A&E in Hackney. We don't want them closed.
102. Very important! More, not less, A&Es are needed! The ambulance service is not good enough to take people miles to A&E.
103. If they open polyclinics 7/24, they [?] close. Homerton A&E is very important for us.

Additional comments

104. Services very shambolic. Promises but no delivery. From experience, have to spend the whole day on the phone as you are always passed along.
105. We need more information about maternity services in Hackney.
106. Nursing and hospitals today are not as efficient as they used to be.
107. Need to consult schools or learning trust about changes to A&E.

- 108. The differences between proposed “walk-in service” and A&E are not clear. Will it mean duplication?
- 109. Changes not enhancing people’s quality of life. Too much on gathering information rather than action.
- 110. Not given enough time to take effect. Afraid it’s going to be the same with these proposals.
- 111. Question. There is a big problem that as senior nurses become matrons they become office managers and no longer clinicians.
- 112. Question & problem. How do you solve the problem of present constraints on accessing urgent GP services?
- 113. It will impair continuity of care, which is important for effective care.
- 114. Need to simplify processes at A&E – too complicated.

Other responses

- 115. *From a GP:* I'm not sure your response should reflect mine. I am quite torn. I think that it makes sense for highly skilled, difficult and expensive procedures to be concentrated in fewer places so that they are done more safely. I am worried, however, that the big teaching hospitals are very uninterested in community and primary care and suck resources out of primary care. The RLH is costing the local health economy a fortune because of the PFI issue and so smaller, more responsive and, in the case of the Homerton, more excellent institutions are threatened. I don't see the giants being innovative or thoughtful about the health economy as a whole and the more that is concentrated in their walls, the bigger the threat to primary care. As for GPs delivering, my concern is that we are supposed to become 35% more efficient/productive with no extra resources! Worrying.
- 116. I have canvassed views within the E5 household and these are the thoughts after looking at things objectively:
We understand how on the face of it people could be alarmed at the proposals - however - having looked at all of the detail that underpins these, they do seem sound. We want to have access to as many services as possible close to our home, but are prepared to go further to get the absolute best care and right people looking after us - especially as we get older! Our experience at the Homerton has been positive and we are pleased to see that it has some great results. We really hope that people avoid a knee-jerk reaction and maybe not believe all the rumours they hear - suggest that if they are interested it's really worth having a look at all the background papers and really considering the evidence as it's really enlightening and interesting.
- 117. I am broadly in favour of the plans though most of the changes do seem to concentrate a lot of services at two or three sites which I presume is the point.
Of the proposals it surprised me that we do not separate planned surgery from emergency surgery.

The problem I foresee is that this would need at least two theatres on each site so that one can be used for planned surgery and the other for emergencies.

On the proposals I have no comment to make.

The only comment that I would like to make on urgent care is again it makes sense to separate adult and children's services.

Though it is not covered by this consultation I do feel that thought should be given to the provision of services for those under 16.