



Shaping a healthier future consultation

1 Do you agree or disagree that there are convincing reasons to change the way we deliver healthcare in NW London?

I tend to agree, but this doesn't equate to any level of support for the changes being proposed.

2 What comments, if any, do you have on any of the issues raised in sections 1, 2 or 3 of this consultation document?

The only problem that seems clear to me from sections 1, 2 and 3 is that NHS services in NWL are under strain due to chronic underinvestment. It is paradoxical therefore to suggest cutbacks and closures as a solution, which is why I believe that the proposals at the heart of this consultation are ideologically driven and politically consistent with the current government's austerity drive. They are a failure of the imagination in that their suggestion for tackling underinvestment is to reduce the availability of services. They are also deliberately misleading, as they portray a loss of service as an improvement in healthcare provision. No options are put forward for a genuine improvement of existing services through investment.

The consultation document uses leading language, faulty logic, contradictory argumentation and unsubstantiated claims to put forward its case. I was struck by the absence of any real choice at the heart of this process. What we seem to be dealing with here is a pre-determined outcome of hospital service closures, i.e. a form of organised shutdown. There is a distinct lack of information on the

level of service being provided by the hospitals in the area, which makes it difficult to assess the impact of the service cutbacks being proposed.

3 Please say how important you think it is that we should aim to make sure that you and everyone else in NW London will have each of the following (10 absolutely vital, 0 not important at all:

a) The support you need to take better care of yourself

7. This is a double-edged sword, I fear that in the future some may be denied treatment because of their “failure” to take appropriate care of themselves. This must never happen, in my view.

b) A better understanding of where, when and how you can be treated

10. This is crucial, especially given the tremendous confusion that will ensue from all the service cutbacks and changes being proposed.

c) The tools and support you need to better manage your own medical conditions

8. This is sensible only to the extent that responsibility for healthcare isn’t passed onto patients as a cost-cutting measure.

d) Easy access to primary care providers, such as GPs, 24 hours a day, seven days a week; by phone, email or in person – when you need to be seen urgently

10. But care outside the hospital is portrayed as added value, when in actual fact it is an inevitable consequence of hospital cutbacks.

e) Fast and well-co-ordinated access to specialists, community and social care providers (this access will be managed by GPs)

8. However, I strongly disagree with the idea of GPs acting as a mediator between patients and specialists (e.g on the phone, during your GP appointment, as suggested in the consultation document). Seeing a consultant in person is infinitely preferable to getting a GP to call them on your behalf, and personal contact with a specialist is worth waiting for.

f) Properly maintained and up-to-date hospital facilities with highly trained specialists available all the time

10. This however should not be taken as support for hospital closures and cutbacks as a way of concentrating investment into fewer sites. Proper investment should be made across the board.

4a How far do you support or oppose the standards that have been agreed for care outside hospital?

I tend to support these, as it is difficult to oppose improvements to care and coordination of services. However, I do strongly oppose the idea that such improvements would in any way compensate for hospital closures. As it stands, the part of the consultation document dealing with care outside hospital is essentially a sales pitch – sadly it fails to mention the “catch”, which is that the availability of hospital care is being cut back dramatically. Care outside the hospital should improve, but not at the expense of hospital services.

4b How far do you support or oppose the standards that have been agreed for care in hospital?

I neither support nor oppose them. They are pretty impenetrable to the untrained eye. I also question the proposed Options as a suitable way of achieving these standards, as the availability of healthcare will be cut overall at a time when our needs are increasing.

5 Do you agree or disagree that some services which are currently delivered in hospital could be delivered more locally?

I strongly disagree. Moving services away from hospitals and into the hands of GP practices and a myriad of other providers (some of which will inevitably be profit-driven in the future) will lead to differences in the level of care between different areas and practices. Standards will be increasingly difficult to uphold and inequalities will increase.

6 How far do you support or oppose the idea of bringing more healthcare services together on fewer sites?

I strongly oppose this. I cannot accept the logic that decreasing the level of healthcare services available is the most suitable way of increasing the standard of healthcare. I do not accept that the current underfunding and underinvestment blighting the NHS are a result of healthcare services being provided in too many locations. This argument strikes me as deliberately disingenuous and absurd.

7 What further comments, if any, do you have on any of the issues raised in sections 4, 5, 6, 7 or 8 of this consultation document? (For example, if you disagree with our proposals, why is that?)

The proposals in the consultation document strike me as little more than an organised shutdown of NHS services in NWL, or a way of avoiding “unplanned

cuts to services” (page 20). I strongly object to the way in which this tragic state of affairs is being presented to the public as an opportunity and a vision for better healthcare. I strongly believe that the proposed changes will result in fewer healthcare options available, more confusion for patients, life-threatening delays in delivering emergency care, etc.

Furthermore, the consultation document strikes me as being deliberately misleading and very short on substantiation and evidence. I am thoroughly unconvinced by vague and unsubstantiated statements such as “other countries around the world have used the same approach” (pg. 26), “not enough services have been centralised” (pg. 26) and “it is clear that by centralising certain services patients will have better outcomes” (pg. 26). I suspect that statements such as “once someone is being treated by an ambulance crew, the time it takes to get to hospital is much less important” (pg. 26) are bordering on being criminally irresponsible.

The improvements detailed in section 8 should happen without the need for hospital closures. If they are implemented merely to offset the reduction in hospital services, they will be woefully ineffective. I also suspect it will become increasingly difficult to attain access to hospital care and that other, possibly inadequate options will be proposed as a way to avoid costly and over-subscribed hospitalisation.

I find some of the language better suited to a sales-pitch rather than a consultation document:

“It will mean these organisations, their leaders and workforces working across boundaries and without barriers, and as a result, patients in NW London all receiving better care” (pg. 30).

8 We have described the proposals to deliver different forms of care in different settings. How far do you support or oppose these proposals?

I strongly oppose these proposals.

9 What further comments, if any, do you have on any of the issues raised in sections 9 or 10 of this consultation document? (For example, do you have any concerns about arranging care in this way, or about the way we propose to classify hospitals? Can you suggest a better way of delivering care?)

The language used to explain how “the vision” will be delivered. I find sneering references to “certain people” (pg. 32) who might oppose the plans frankly discourteous. It is also incredibly demoralising and patronising to read that “while people feel strongly about local health services, this does not mean it is

wrong to change the services” (pg. 32). In my view, any changes that go against the will of the people affected are both wrong and unaccountable.

Furthermore, the proposals for delivering healthcare will cause confusion and dangerous delays to treatment, some of which the document unwittingly highlights: “If patients at a local hospital suddenly need more urgent and complex care, they will be transferred by ambulance to one of the major hospitals” (pg. 34). It goes without saying that hospitals will become “local” through the removal of services such as emergency and specialised care that would remove the need for emergency transfers by ambulance. There are no benefits to reducing the number of hospitals that provide emergency and specialised care.

10 How far do you support or oppose our plans to improve the range of services we deliver outside hospital?

I tend to support improvements, but they should not come at the cost of hospital cutbacks.

11 What further comments, if any, do you have on any of the issues raised in section 11 of this consultation document? (For example, what comments do you have on our plans to improve the range of services we deliver outside hospital?)

I am deeply concerned that A&E services are being reduced by almost half, as I am by the idea that instead of being referred to a specialist, they could provide advice over the phone to my GP (as a sort of mediator). This would significantly decrease the availability and quality of healthcare we all receive, as well as making communication more cumbersome.

The projected statistics quoted on page 39 (financial savings, no of diabetics, amputations, etc) are entirely unsubstantiated as well as being out of context. More information is needed on how these figures are determined.

12 Do you agree or disagree that local hospital services such as urgent care centres (those open 24 hours a day, seven days a week) and outpatient appointments should continue to be provided at the nine acute hospitals in North West London that currently do so?

I strongly agree.

13 How far do you agree or disagree with our plans for urgent care centres?

I strongly disagree with the plans. Urgent care centres are a poor replacement for A&E services and a potential danger to patients. I am particularly concerned

about their proposed role in “stabilising patients who need to be transferred to more specialist A&E centres” (pg 41). It makes much more sense to have a sufficient number of A&E units that are capable of dealing with patients directly.

14 What further comments, if any, do you have on any of the issues raised in section 12 of this consultation document? (For example, if you disagree with our proposals, what would you do differently?)

The proposed changes will not result in quicker and more coordinated healthcare, but in delays, overcrowding and the involvement of numerous unnecessary middlemen. I fear that patients will have far more restricted access to specialised care.

Once again, the consultation document uses unsubstantiated claims in its argumentation: “Local hospitals will offer better nursing, therapy...” (pg. 41) The immediate question would be better than what and how come.

15 How far do you support or oppose our recommendation that we should use our high quality hospital buildings with spare space as elective hospitals?

Tend to support.

16 What further comments, if any, do you have on any of the issues raised in section 13 of this consultation document?

None.

17 How far do you support or oppose the recommendation that there should be five major hospitals in North West London?

Strongly oppose.

18 How far do you support or oppose the recommendation that all major hospitals should have inpatient paediatric (children’s) units?

Strongly support. I believe that all hospitals that currently have these units should keep them.

19 How far do you support or oppose the recommendation that all major hospitals in North West London should have consultant-led maternity units, with an extra consultant-led maternity unit at Queen Charlotte’s and Chelsea Hospital if Hammersmith Hospital is not a major hospital?

Strongly support. I believe that all the hospitals currently running a maternity unit should benefit from this.

20 What further comments, if any, do you have on any of the issues raised in section 14 of this consultation document? (For example, if you oppose the recommendations, how many major hospitals do you think there should be in North West London? Why do you think that?)

I strongly oppose the proposals for hospital reclassification and believe that all nine major hospitals should keep their current status and services. I am deeply unconvinced by the bizarre logic that says we cannot hire a sufficient number of consultants to meet our needs because they would not see enough complications to keep up their expertise. This argument sounds deeply disingenuous, especially when taking into consideration the system overload mentioned in sections 1,2 and 3.

On page 45, the document claims more choice will be given to women in NWL about where they can give birth. This flies in the face of the evidence that fewer maternity units will mean less choice.

I suggest all nine major hospitals be left to fulfil their current roles. They should be the focus of investment and not the network of GPs and various contractors that the consultation suggests should deliver the bulk of healthcare. The problem of underfunding and underinvestment should see the NHS lobbying the government and defending the needs of patients, rather than jeopardising the level of care that already exists. NHS management needs to find solutions to supplement its income streams, rather than dealing with financial strain by suppressing services.

21 Please consider the way we decided which hospitals to recommend as major hospitals, as set out in sections 15 and 16. Do you agree or disagree that this is the right way to choose between the various possibilities in order to decide which options to recommend?

Strongly disagree. This is not a real choice, but a pre-determined outcome, i.e. that services will be lost. The real choice is whether to cut or safeguard those services.

22 Please say how important you think each of these criteria (measures) should be in choosing which hospitals should be major hospitals, rating their importance on a scale where 10 means 'absolutely vital' and 0 means 'not important at all'. (We have given more details on the criteria in the list on page 53).

Clinical quality 10

Patient experience 10

Distance and time to access services 10

Patient choice 8

Capital cost to the system 7

Transition costs 9

Viable trusts and sites 9

Surplus for acute sector 8

Net present value 8

Workforce 10

Expected time to deliver 5

Fitting in with other strategies 3

Disruption 9

Support current and developing research and education delivery 9

23 What further comments, if any, do you have on any of the issues raised in sections 15 or 16 of this consultation document? (For example, please tell us if you think there are any criteria that we have missed and which should also be taken into account in choosing which hospitals should be major hospitals).

This is a leading question in that it presents hospital closures as the only option that can be considered. I find it difficult to rate the criteria according to which hospital services should be removed, because I consider this a deeply worrying and misguided development.

I am particularly concerned about the increased travel times patients will be subjected to in order to access the nearest hospital providing the services they need, as well as the tremendous confusion that will be caused by not knowing which hospital to go to in case of an emergency.

I think it is deeply unfortunate to have to choose which of my two nearest hospitals should lose its A&E unit. It also sets the two hospitals up against one another, as they both fight for survival in their current form.

On a separate note, it is unclear whether the “votes” detailed on page 52 have any statistical value.

Thinking about the proposals put forward in sections 16 and 17, please say how far you support or oppose each of the three proposed options for the location of major hospitals in North West London. (You can support more than one of the options if you want.) Please explain why you support or oppose each option.

24a. Option A (the preferred option): Major hospitals – Chelsea and Westminster Hospital, Hillingdon Hospital, Northwick Park Hospital, St Mary’s Hospital and West Middlesex Hospital.

Elective and local hospital – Central Middlesex Hospital. Local hospitals – Charing Cross Hospital, Ealing Hospital.

Specialist hospital (with maternity unit) – Hammersmith Hospital

Strongly oppose.

24b. Why is this your answer?

I profoundly disagree with the decision to cut back on hospital services and I think 5 major hospitals are insufficient.

25a. Option B: Major hospitals – Charing Cross Hospital, Hillingdon Hospital, Northwick Park Hospital, St Mary’s Hospital and West Middlesex Hospital. Elective and local hospital – Central Middlesex Hospital. Local hospitals – Chelsea and Westminster Hospital, Ealing Hospital. Specialist hospital (with maternity unit) – Hammersmith Hospital.

Strongly oppose.

25b. Why is this your answer?

See 24b.

26a. Option C: Major hospitals – Chelsea and Westminster Hospital, Ealing Hospital (with the stroke unit at West Middlesex Hospital moved to Ealing Hospital), Hillingdon Hospital, Northwick Park Hospital and St Mary’s Hospital. Elective and local Hospital – Central Middlesex Hospital and West Middlesex Hospital. Local hospitals – Charing Cross Hospital. Specialist hospital (with maternity unit) – Hammersmith Hospital.

Strongly oppose.

26b. Why is this your answer?

See 24b.

27a. All the options above include the recommendation that Central Middlesex Hospital should be an elective and local hospital. How far do you support or oppose the recommendation that Central Middlesex Hospital should be an elective and local hospital?

Strongly disagree.

27b. Why is this your answer?

On page 56 of the consultation document, there is a very strong indication that A&E services at Central Middlesex are sorely needed, as the A&E unit is oversubscribed and even had to be closed down temporarily for having insufficient capacity for coping with demand. The obvious solution is to invest in providing a sufficient number of consultants to provide the level of care that is required.

28a. All the options above include the recommendation that Hillingdon Hospital should be a major hospital. How far do you support or oppose the recommendation that Hillingdon Hospital should be a major hospital?

Strongly support.

28b. Why is this your answer?

Because in this capacity it will be able to provide the level of service that patients require.

29a. All the options above include the recommendation that Northwick Park Hospital should be a major hospital. How far do you support or oppose the recommendation that Northwick Park Hospital should be a major hospital?

Strongly support.

29b. Why is this your answer?

See 28b.

30a. All the options above include the recommendation that Hammersmith Hospital should be a specialist hospital. There would continue to be a maternity unit at Hammersmith. How far do you support or oppose the recommendation that Hammersmith Hospital should be a specialist hospital with a maternity unit?

Tend to oppose.

30b. Why is this your answer?

Hammersmith should preserve its current status and level of service.

31 Are there any other options we should consider when making our decisions? If so, please give your reasons for suggesting these.

Absolutely. I suggest all nine major hospitals be left to fulfil their current roles. They should be the focus of investment and not the network of GPs and various contractors that the consultation suggests should deliver the bulk of healthcare. The problem of underfunding and underinvestment should see the NHS lobbying the government and defending the needs of patients, rather than jeopardising the level of care that already exists. NHS management needs to find solutions to supplement its income streams, rather than dealing with financial strain by suppressing services.

It is deeply unhelpful to present a loss of service and capacity as an opportunity and an improvement. For this consultation to be truly meaningful, it is essential that patients be given a real choice. As things stand, we are faced with a pre-determined outcome, the dangers of which are brushed under the carpet.

NHS management should focus more on finding solutions for tackling underinvestment, rather than resorting to service cuts presented as golden opportunities.

32a. Do you agree or disagree that the hyper-acute stroke unit, which was designated to Charing Cross following the stroke and major trauma consultation, should move to be with the major trauma unit at St Mary's?

Strongly disagree.

32b. Why is this your answer?

This would be a costly and disruptive consequence of other service cuts at Charing Cross, as opposed to being a benefit for patients. Charing Cross should preserve its current departments and level of service.

33a. Do you agree or disagree that the Western Eye Hospital should be relocated with the major hospital at St Mary's?

Tend to disagree.

33b. Why is this your answer?

The benefits would not outweigh the inconvenience, confusion and expense caused by such a move.

34 Is there anything else you want to say about the consultation or the issues it covers? If you want to explain any of your answers, or you feel the questions have not given you the chance to give your views fully, or if you think there are options we have not considered that we should have done, please say so here.

There is no real choice being offered in this consultation. The outcome is singular and pre-determined, i.e. nine major hospitals will become five, at a time when NHS services, by the consultation document's own admission, are overstretched. This decision, clearly illogical and hugely damaging, is presented as a major opportunity throughout the consultation document. In my view, these proposals are motivated by ideology, are not clinician-led (as shown by the significant number of clinicians who have spoken against them) and fit perfectly within the current government's austerity and privatisation drive. As such I wholeheartedly and unwaveringly oppose them.

The consultation document lacks objectivity and is deeply flawed in that it uses spurious claims and contradictory argumentation to make its recommendations. Furthermore, the consultation questions are leading and formulated in such a way that they imply a level of support for the highly detrimental proposals at the heart of the consultation even when the subject of the question is very general. Some questions are unashamedly leading: e.g "which criteria should we use when deciding upon the five major hospitals?". This is very difficult to answer for someone who deeply opposes the hospital closures and service cuts. On the whole, the consultation process is so overwhelmingly skewed that it warrants a formal complaint, which is something I am considering and will urge others to consider.