Appendix 1

3. QUESTIONS FROM COUNCILLORS AND MEMBERS OF THE PUBLIC ATTENDING THE MEETING

Questions from Susan Sulis, Secretary, Community Care Protection Group.

1. FLAWED PUBLIC CONSULTATION ON THE SOUTH LONDON HEALTHCARE TRUST SPECIAL ADMINISTRATOR'S PROPOSALS FOR RE-ORGANISING S.E. LONDON'S HOSPITAL SERVICES.

(Agenda item 9).

The CCPG has made repeated requests for hard and enlarged copies of the Full Consultation Document (which contains the Questionnaire) to the TSA between 30th October and 12th November, without response.

(a) Will the Committee ask the TSA to extend the Consultation process, and ensure that full copies of the document are available?

Reply -

This issue has been formally raised with the TSA by the Council. Unfortunately, the timeline is laid-down by Parliament and as this is the first case that has been through this process it is unlikely that the legislative timetable can or will be changed.

2. EFFECTS ON BROMLEY RESIDENTS OF PROPOSED CLOSURE OF LEWISHAM HOSPITAL'S A&E DEPARTMENT.

S.E. London PCTs recently wrote to local GPs, requesting that they refrain from sending their patients to A&E departments because they were all full.

(a) If Lewisham's A&E and ICU is closed, this will impact adversely on Bromley residents. How many additional patients will be sent to Princess Royal University Hospital?

Reply -

We are aware that a significant proportion of patients who attend EDs could in fact be seen by the general practitioner, but they choose to not attend their GP or they have difficulty getting an appointment. There is research literature available to show this happens in many areas. The Public Health Department in Bromley has, over the last year, done audits in QEH and PRUH ED which show that about a third of patients could have been seen in general practice. Accordingly, earlier this year, the Cluster Director of Primary Care very reasonably wrote to practices at an unexpectedly busy time, reminding them that they should be seeing their patients in the practice whenever this is possible. We should be using EDs for the patients that need to be seen there, and other patients should be managed in the community.

Initial modelling by the Trust Special Administrator, Lewisham Healthcare Trust and Lewisham CCG suggests that the majority of patients will not be using facilities at the PRUH. Current patient flows and previously undertaken patient questionnaires indicate that most residents of Lewisham would use Kings and St Thomas's, if there was not an admitting Emergency Department (ED) at Lewisham.

Lewisham Hospital has undertaken an assessment of how patients use the ED and it is believed that 70-80% of patients that currently use the ED at Lewisham could still attend as normal and be managed within the borough. The majority of the remaining patients will probably attend Kings ED, though some may well attend QEH and PRUH, especially if they live in the Downham area.

A relatively small number of patients (when compared with all who attend EDs) are obviously brought into EDs by ambulance and, for these patients'; the ambulance will of course take the patient to the nearest ED. Again, this is not expected to be a large number for each site.

There is building work currently under way at both sites (PRUH and QEH) to expand capacity in both departments.

In addition to this, all boroughs are planning to put in place significant services out of hospital, including the strengthening of general practice. In Bromley, we have seen a growth in the proportion of patients seen in the Urgent Care Centre (UCC). This time last year, about 30% of patients going to the ED

would have been seen in the UCC. It is now over 40%. All six CCGs are committed to working with the NHS Commissioning Board and general practices to improve access to primary care, as part of the TSA Community Based Care work stream

3. EFFECTS ON BROMLEY RESIDENTS OF PROPOSED HOSPITAL CLOSURES AND CUTS IN SERVICES. (Ref. OTSA Appendix 1, Community Based Care Strategy for SE London).

The proposed withdrawal of hospital services is to be replaced by the PCT's Joint 'Community Based Care Strategy', but this is repeatedly described as an 'aspiration'. It does not exist.

(a) How will the Council, already struggling with massive cuts in its budget, cope with these additional requirements for care services?

Reply -

The Council welcomes the increased emphasis on community based care and will work with the CCG to help reconfigure and recommission community services across the borough for both children and adults. The TSA draft recommendations document is clear that transitional support will be needed and it is important that the resources required will be provided to both the CCG and to the Council to make this happen.

There is already considerable evidence to show that between the local authority and the CCG (and providers of health services), we are able to deliver community based care. Examples include:

- the virtual ward pilot in Crown Meadow where social care and community services are delivered together
- Musculoskeletal services in the community – better patient satisfaction for physiotherapy with waiting times reduced from over 6 months to 6 weeks and weekend and evening and early morning clinics
- COPD services – more cost effective services out in the community – reduced death rates and now reduced re-admissions to hospital
- Leg ulcer clinic – for severe leg ulcers, average healing times have reduced from over 20 weeks to 5 weeks
- reducing unnecessary emergency admissions to hospital – Bromley has the third lowest rate in London and Greenwich has the lowest rate in the country
- Urgent Care Centre – from seeing 30% of all ED patients to now seeing over 40% and we are in the middle of procuring a service

where an even higher proportion can be seen. This will reduce A&E waiting times and ensure a better, speedier service for all patients

We need to deliver more such services at scale and pace and are aware of the challenges but more than able to meet them if we work in partnership to so do.