A picture of health : a consultation on changes to healthcare in the London Boroughs of Bexley, Bromley, Greenwich & Lewisham / NHS.

NHS

This consultation asks for your views on ways we could provide healthcare differently. It does not propose closing any hospitals.

A picture of health

A consultation on changes to healthcare in the London Boroughs of Bexley, Bromley, Greenwich & Lewisham

Contents

People in parts of West Kent and Southwark may receive this consultation document as they may use services provided in Bexley, Bromley, Greenwich or Lewisham. We welcome the views of anybody who believes they may be affected by these proposals.

This consultation document presents a summary of our plans. If you would like more detail, this can be found in our "Pre Consultation Business Case" ('PCBC'). To help you find this information, we have signposted the relevant chapter of the PCBC using this signpost  . The number on the signpost corresponds to the chapter number.

If you would like a copy of the 'PCBC', it can be downloaded from our website, **www.apictureofhealth.nhs.uk** or we can send you a copy (please see page 17 for our contact information). If you have any questions about the 'PCBC' please call our helpline number, **0800 321 3579**.

Introduction

A picture of health

For more than two years, Bexley, Bromley, Greenwich, Lewisham (and more recently West Kent) Primary Care Trusts (PCTs) have been working together with your local hospitals, patients, doctors, nurses, midwives, therapists, other NHS staff and neighbouring PCTs (including Lambeth and Southwark) to plan how we can provide the best possible health services for local people. We have also listened to what community leaders, the voluntary sector, social services and the London Ambulance Service have told us.

The NHS faces some difficult choices. We now need your help to make these decisions.

The purpose of 'A picture of health' is to address the urgent clinical and financial issues that are preventing your local NHS from providing better, safer and affordable care. We believe that our health services cannot continue as they are and that we have to change them.

We also think that more of your money should go into community services and care closer to home as well as preventing ill-health. Encouraging a healthy lifestyle, providing early treatments for people with mental health problems and screening people for conditions such as cancer, will be better for patients and save lives. However, this consultation is **only** about the most urgent clinical and financial issues. In the future we will also look at how we can address other issues such as improving mental health and community health services.

Our vision is an NHS that provides high quality, safe services that make best use of your money. Services should be provided as close as possible to people's homes, whilst more complex conditions need to be treated in specialist units.

We want to see an NHS that provides the best possible care for every single person who needs to use it.

Please take time to read this document. Consultation starts in the week beginning 7 January 2008 and ends in the week beginning 7 April 2008. Details on how to respond to the consultation proposals are on page 17.

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A summary

PCBC 1

This consultation asks for your views on proposals to improve your local NHS services. We aim to make better use of your money to provide high quality services and treatments that better meet the needs of the community.

Why change?

Your local doctors, nurses, midwives and other health staff have looked at local services. They believe that your health services are not as good as they could be, and do not fully meet the needs of the community. They have told us that we need to make changes if we are going to provide high quality healthcare in the future. These changes include having more senior staff available at all times of the day to treat or coordinate care for patients, so that better results are achieved.

This consultation addresses some of these issues by proposing that we:

- treat more patients closer to their homes;
- better organise hospital services, especially emergency care, maternity and childrens' services and planned surgery, so that patients are treated more safely and quickly in units that are designed to meet their particular needs.

The way our local health services are provided at the moment means that hospitals are spending £400,000 a week more than they have. All options we are presenting will enable us to manage your money better in the future.

Patient and public groups have told us that if we make changes to services then we should consider the following:

- access – not just transport, but also making services available out of hours or in the community, or more quickly
- patient focus – services should be joined up and respectful
- better information about services
- the standard of care – quality was seen to be more important than travel time
- more focus on prevention and mental health.

What would it mean for you?

We believe that all of our proposals would provide a far better service than you currently receive. However, we want to test this by consulting you on our proposals.

Care closer to home

We want to help stop you getting ill in the first place. But if you are ill, we want to provide more services in the community so you:

- don't always have to go to hospital, just to get simple tests done or to see a consultant
- can better manage a long-term condition, to avoid an emergency trip to hospital or the condition getting worse
- have more support when you come back from hospital.

Liz is the Modern Matron at the new Urgent Care Centre (UCC) at Darent Valley Hospital. The centre provides 24hr urgent care for patients with minor injuries and illnesses. Liz says, "as specially trained nurses are not being diverted to look after someone brought in by ambulance, they can treat people quicker and better".

Better specialist services

We want to keep all the current hospitals open but improve the services they provide. To do this we need to increase community services, and make changes to specialist services at:

- Bromley Hospitals (including the Princess Royal University Hospital and Orpington Hospital)
- Queen Elizabeth Hospital in Greenwich
- Queen Mary's Sidcup
- University Hospital Lewisham.

We want to provide the same services in the area, but to a higher standard, but to do this, we need to stop providing some services at some sites, and start providing new services at other sites.

High quality services cannot continue to be provided for all services at all the hospitals in the area.

Care of the standard that members of the public have a right to expect will require the concentration of some services and the development of more local services to support this change.

Far too many people are attending Accident & Emergency (A&E) because there are not good alternatives. We want to provide a much better service by setting up new Urgent Care Centres, and assessment centres for older people and children, at each of the four main hospital sites.

What are the options?

Pages 14 to 15 set out in more detail our proposed options.

Our three options propose changes to all of the hospitals – but the same changes to services in the community, and at Bromley Hospitals, Queen Elizabeth Hospital and Queen Mary's Sidcup. Each option proposes a different mix of services at University Hospital Lewisham.

However, the proposals affect everyone across all the boroughs, so it is important that we have everyone's views.

We would like your views on our plans

Results of the consultation will be available in June 2008 at the earliest.

why local health services need to change

PCBC 2

Local people and our staff have told us that they want higher quality services and more treatment provided closer to home. We also need to tackle the urgent financial issues facing the local NHS. We believe we can do this, and help people take better care of themselves, so they live healthier lives.

Our knowledge of healthcare is advancing all the time. We are all benefiting from better drugs and innovations in technology. Diseases and injuries which would previously have meant death or disability can now be cured or treated. New techniques (such as keyhole surgery or treatments and self-care for diabetes) mean that people don't need to stay as long in hospital, or can be treated in the community or at home.

We need to make better use of your money and our staff – who have tremendous skill, experience and knowledge of how to improve services.

Because of these advances in healthcare we think there are four main reasons why NHS services have to change:

1. the local urgent clinical and financial issues
2. more specialised care that is better, safer and quicker
3. people want more services delivered closer to their homes
4. we need to make better use of your money, our staff and NHS buildings.

1. The local urgent clinical and financial issues

The way that our services are now cannot be maintained into the future.

This is because new legislation restricts the hours that doctors can work and modern advances in clinical care change how and where healthcare can be best provided.

Without making changes, services will become increasingly unsafe, unaffordable and unable to meet national standards and clinical best practice.

We need to make these changes urgently in our area because relying solely on making efficiencies, and on changes that may follow the London wide plans for healthcare (called 'Healthcare for London'), will not have enough of an impact, or happen fast enough, to deliver the changes that we need to make now.

Professor Sir George Alberti, who has independently assessed the 'A picture of health' proposals, endorses this view (see box opposite).

2. More specialised care that is better, safer and quicker

Hospitals should concentrate on providing specialist care that cannot be provided closer to people's homes.

When patients need specialist care, perhaps to treat a premature baby, for an emergency, (such as a fall resulting in a broken hip) or a knee replacement, they need to be treated by specialist staff.

For our area, the teams in each individual hospital are too small to provide the level of consultant and specialist cover required to provide high quality care. Simply increasing the numbers of doctors, even if they were available and this was affordable, would not solve the problem. This is because each of the hospitals would not see the level or complexity of patients necessary for the doctors to retain their skill level.

Set out below are some of the reasons why hospital care needs to change.

Emergency services

Currently we do not have enough consultants, experienced doctors and nurses to cover four major A&E departments, when treating patients with life threatening conditions. The Royal College of Surgeons' guidance on the minimum catchment size for a safe major A&E is a population of 300,000, with a strong recommendation for a population of 450,000. With a population of just under a million this means that maintaining all four A&E departments is not sustainable for reasons of future safety and quality.

For the few people with a life-threatening illness (for instance internal bleeding), evidence suggests that a slightly longer ambulance journey to a hospital that has specialist staff and equipment is much better for patients than a shorter journey to a hospital that doesn't have the right facilities or experienced staff.

New ways of working at the London Ambulance Service mean that fast response cars can get paramedics to an emergency to start treatment, quicker than ever before. This service and the improved skills of staff in ambulances means that they can start emergency treatment on the way to hospital, just like a 'mobile A&E service'.

Professor Sir George Alberti, the National Clinical Director for Service Design and chair of the National Clinical Advisory Team, was asked to carry out an independent review of our proposals. He says, "Health services in Bexley, Bromley, Greenwich and Lewisham need a radical overhaul if they are to meet patients' demands for modern, 21st century healthcare and offer the public value for money...No change is not an option."

"Overall we are in agreement with the outline proposals for future healthcare delivery... and are impressed by the clinical leadership."

For a copy of this full report, please visit our website www.apictureofhealth.nhs.uk or call 0800 321 3579

The majority of people who attend A&E services have an illness or injury that could be treated in an Urgent Care Centre, or by a family doctor or a pharmacist.

In future we will strengthen these services so that patients are encouraged to use these alternatives rather than A&E.

Urgent Care Centres are staffed by GPs, specialist nurses and

other healthcare professionals.
These staff provide assessment, advice and treatment for patients who are not seriously sick or injured but have problems such as broken bones, pains and existing conditions getting worse. Urgent Care Centres can be on hospital sites or in the community.

We also think that older people who currently come to A&E could be much better cared for by a special team dedicated to supporting them. A 'Medical Assessment Service for older people' located on every hospital site would work with local GPs, community nurses and social services to organise the most appropriate care.

So we think we should concentrate specialist emergency and intensive care services on fewer sites. Doctors on these sites would develop more experience of specialist techniques. They would also be available more frequently to perform emergency surgery and medical care straight away. At the moment, none of our hospitals in Bexley, Bromley, Greenwich and Lewisham have specialist doctors and surgeons available on site all of the time.

Maternity, newborn and seriously ill children's services

We want to encourage women to have as natural a birth as possible, and to have the choice of a home birth if appropriate. For women who choose to have their baby in a hospital, the Royal College of Obstetricians and Gynaecologists has recommended that there should be more senior doctors on the labour wards, not just to look after women in labour, but also to train others and put better systems in place for when they are not available.

At the moment, guidance recommends that a senior doctor should be present on the ward for at least 40 hours a week. But we are struggling to meet this standard. By concentrating care on fewer sites, we will be able to more than double the amount of senior doctor presence (to 98 hours per week), therefore improving safety for mothers and children, and also provide midwife-led birthing units alongside the doctor-led units. We also want to provide more antenatal (before birth) and postnatal (following birth) care nearer to people's homes in community settings.

Currently, across the four boroughs, 30% of newborn babies that require high dependency or intensive care are transferred to hospitals outside these boroughs, sometimes to hospitals many miles away. One of the key reasons for this is the shortage of staff. By concentrating our services on fewer sites, with more expertise and

equipment, we aim to care for 95% of unwell newborn babies locally.

Children's inpatients

The ways in which services are provided for seriously ill children are changing. Fewer children need to spend time in hospital beds, and more can be treated as outpatients. Our local staff therefore want to concentrate inpatient services on fewer sites, so that there is a large enough scale for safe patient care, and for teaching and training. At the same time we want to extend assessment and treatment services on the other hospital sites and in the community.

Planned care

We want to treat patients better and quicker.

We will have to cancel fewer operations (for instance hip or knee replacements) and we can reduce infection rates (see box below) if we separate planned care from emergency care. Currently doctors try to provide both services in the same place, using the same staff and facilities. This means that operations sometimes get cancelled when staff have to treat a patient needing emergency care.

We also think that separating emergency surgery and planned care will allow doctors and nurses to become better at providing high-quality care for patients.
If you need to use one of these specialist services you may have to travel further than you do now, but we think you will receive better quality care when you get there.

We will investigate the impact of these proposals on travel times and will take this into account when making a decision.
For more information please see the section on 'impact assessment' on page 16.

Some patients receiving emergency surgery carry MRSA into the hospital. MRSA can then spread to patients coming for planned surgery (who are screened before they are admitted). If we separate planned surgery from emergency surgery we can reduce the risk of infections spreading to patients having planned care.

3. People want more services delivered closer to their homes

Local people have told us that they want NHS services to be closer to where they live and available in community settings such as doctor's surgeries, health centres, community hospitals and at home. Many services that used to be provided in a hospital can now be provided easily and safely in the community.

Care at home

We now have a growing number of 'Community Matrons' and specialist nurses (including specialist children's nurses) who work alongside family doctors to look after patients with long-term conditions in their own homes (such as breathing problems or diabetes).

A patient can contact the Community Matron for advice and support. If a patient's condition needs medical help, then the Matron will talk to the patient's GP and, if necessary, their doctor in hospital. This means there is less chance of patients experiencing a crisis and having to go into hospital. Whenever possible they are treated in the comfort of their own home.

In Lewisham, a small team of Community Matrons is saving over 420 admissions to hospital a year. This number will increase as the service expands.

Dr Bill Cotter (a GP in Welling) now provides some tests in his surgery that have previously only been available in hospital. For instance, patients who take the drug Warfarin to thin their blood need regular monitoring. Bexley patients can now use the convenient service in Dr Cotter's surgery, with shorter waiting times and less travel.

More services in the community

Family doctors have told us that they want to work more closely with hospitals to provide a wider range of services in their surgeries for people with the most common conditions.

Many hospital appointments, antenatal and postnatal care and tests such as taking blood samples, could be provided in clinics at local GP surgeries and health centres rather than patients having to make lots of journeys to hospitals.

Some examples of the improved and increasing community-based care we are planning, including intermediate care, are on page 11.

4. We need to make better use of use of your money, our staff and NHS buildings

The way our local health services are provided at the moment means that hospitals are spending £400,000 a week more than they have. Whilst they have identified savings over the past few years and have a programme to make themselves more efficient, the size of the problem is so great that even far-reaching efficiency drives cannot provide a solution on their own. Cutting clinical teams and restricting services would result in unsafe health services.

Currently hospitals are spending £5.4m a year just paying the interest on the £218 million debt. This cannot continue – we need to act now.

We also have to make better use of our buildings. A lot of money has been spent providing new buildings and improving many others. This means we can provide better and safer care in cleaner, more pleasant surroundings. But some of these buildings are not being put to best use.

Doctors who are tired or overstretched cannot provide the best quality of care to patients. So, from 2009, legislation which currently limits the time that doctors work to 56 hours per week, will set a new limit of 48 hours per week. This means we either need to pay for far more doctors or change the way services are provided, otherwise we will have fewer doctors present on the wards, in theatres and in clinics.

It is also important that clinicians develop their skills and train others. This helps improve the quality of care and gives better results for patients. To do this, specialist hospital services need enough patients and staff in the same place, otherwise skills are not always kept up to date or improved. We can tackle this problem by concentrating specialist services on fewer sites, as set out in our proposals, supported by the development of services in the community.

Our proposals

PCBC 4 PCBC 5

Based on our discussions with doctors, nurses and other clinical staff, it is clear that we need to change services. Our clinical staff developed a set of recommendations for how services should change, based on the latest evidence, some of which has been referred to in the previous section.

In the future we want to provide the same range of services as we do now, but to a higher standard. In order to do this, we need to change how services are provided at the following hospitals:

- Bromley Hospitals Trust (including the Princess Royal University Hospital and Orpington Hospital)
- Queen Elizabeth Hospital in Greenwich
- Queen Mary's Sidcup
- University Hospital Lewisham.

We want to keep all of the hospitals open but change the mix of services at each location. The main changes we are proposing are:

1. Specialist services will be concentrated together at the same two or three hospitals – this will affect:
   - A&E (for serious or life threatening conditions)
   - Non surgical emergencies (general medicine)
   - Emergency and complex surgery and Critical care
   - Children's inpatient services
   - Maternity services (excluding antenatal and postnatal care)
   - Services for unwell newborn babies
   - Planned surgery, both inpatients and daycases, will be separated from emergency services (where possible)
2. Supporting services:
   - Urgent Care Centres at all four hospitals
   - Outpatient and testing services will remain at all four hospitals
   - More services will be provided in the community, including outpatient and testing services.

How did we select the options?

We developed a list of all the possible ways to achieve these higher standards of care, which brought us to 23 possible 'options'. We then narrowed these down to three 'options' by applying a set of tests including clinical safety, quality and a test for affordability. The services provided at each hospital for the best three options are shown in the table on page 14. The current way services are organised is shown as a comparison, but not as an option as it is unaffordable and we believe will provide far poorer health services than the alternatives.

We believe that all the options will provide a far better service than patients currently receive and will help solve our financial problem.

We are putting these options to you for formal consultation and we would like your views

Better community services

In all of our proposals we plan to provide better community services than now.

We want to help you stop getting ill in the first place. But if you are ill we want to provide far more services in the community, so that patients:

- don't always have to go to hospital just to get simple tests done or to see a consultant
- can better manage a long-term condition, avoiding emergency hospitalisation or the condition getting worse
- have more support when they come back from hospital, including support for their carers*.

*This type of care, that we call a 'community place' can be provided at home by a special nursing team, or in an intermediate care facility, or in a comminuity hospital such as in Eltham (for an explanation of intermediate care see the box on page 11).

For numbers of additional community places planned, please see page 15.

Better hospital services

In order to retain all current services in the area, to a high enough standard, we need to concentrate some services together. We will only do this where clinically necessary, and where possible will aim to provide the services you would use most frequently at all four hospitals.

The options are presented on pages 14 to 15.

Some examples of future plans to provide more community health services

In Greenwich, we plan to develop bed-based facilities in the community at Eltham Community Hospital. These will provide beds for people who are unwell but do not need to be in hospital, and for those who have been in hospital, but are not yet well enough to go home (this is sometimes called intermediate care).

On the old Greenwich Hospital site, we are developing plans to re-house several GP practices in much better accommodation. They will provide outpatient services and sessions to support self-care such as expert patient programmes.

In Lewisham we are planning additional District Nurses, Health Visitors, Physiotherapists and other clinical staff who will work from new health centres such as the Waldron Health Centre in New Cross. These teams will help keep patients well in the community, and save them having to visit hospital.

In Bexley, we will establish a team dedicated to the management of patients with long-term conditions such as asthma, diabetes and breathing problems. The team will help patients with the day-to-day management of their conditions and also support patients in circumstances which would otherwise have required the patient to go to hospital. This should reduce the number of hospital appointments and admissions these patients will have.

In Bromley, the Beckenham Beacon development (fully opening in 2009/10) will provide a more extensive range of services for residents in the north of the borough, in a modern, state of the art healthcare facility. In addition there will be further investment in and expansion of community teams providing increasingly specialist care in people's homes.

Better services for Urgent and Emergency Care

We want to improve urgent and emergency care for the most seriously ill (those requiring the most intensive and specialist medical and surgical care). Our proposals say that these services will be at the Princess Royal University Hospital and Queen Elizabeth Hospital. These will not be provided at Queen Mary's Sidcup. The provision of these services at University Hospital Lewisham varies: under option 1 this will be a service primarily for medical emergencies; under option 2, all these will be provided: and under option 3, these will not be provided.

For each option, we will increase the number of ambulances and crews.

Too many people are attending A&E because there are not enough good alternatives. We want to provide a much better service, by providing Urgent Care Centres, and assessment centres for older people and children at each of the four main hospitals in the boroughs. These would enable us to treat many patients who currently use A&E services in more appropriate facilities.

In all of the options, Urgent Care Centres would be provided at all four hospitals, and these would treat the majority of urgent care needs.

Maternity and children's services

We want to provide more senior doctor presence in maternity units and propose to do this at the Princess Royal University Hospital and Queen Elizabeth Hospital. These hospitals will also have new midwife-led birthing units and facilities for the care of unwell newborn babies. But, in order to achieve this, we want to stop providing both maternity (except ante and post natal care) and newborn services at Queen Mary's Sidcup. Under options 1 and 3 these services will not be provided at University Hospital Lewisham, under option 2 they would be provided.

Under all options we want to promote and support home birth as a real choice, with one-to-one midwife care. Mothers will be eligible for this service, no matter where they live. Antenatal and postnatal care will also be available at all four hospitals and in the community.

By concentrating specialist and inpatient children's services at the Princess Royal University Hospital and Queen Elizabeth Hospital, we will be able to improve the quality of care for the the small number of children who need these specialist services. These services will not be provided at Queen Mary's Hospital. Under options 1 and 3 these services will not be provided at University Hospital Lewisham, but they will be provided under option 2.

For children we will provide improved assessment and treatment services in each borough to better meet most urgent care needs of children, these services will be provided at all four hospitals.

Planned surgery

We want to provide a higher quality planned surgery service, and to do this, we will provide services at Queen Mary's Sidcup and University Hospital Lewisham, but stop providing emergency and complex surgery at these hospitals. The only exception to this is option 2, where emergency and complex surgery will continue at University Hospital Lewisham. Under all options planned surgery will not be provided at Queen Elizabeth Hospital or Princess Royal University Hospital.

Not only will these changes mean a higher quality service, it will also reduce the risk of MRSA, brought in by emergency patients, spreading to planned care patients. This arrangement would also reduce the likelihood of planned surgery being cancelled.

The provision of planned orthopaedic surgery will also mirror this, with planned orthopaedic services provided at Queen Mary's Sidcup and University Hospital Lewisham but not at Queen Elizabeth Hospital or the Princess Royal University Hospital.

Our proposal to provide planned surgery at two hospitals means that the planned surgery unit at Orpington Hospital would move to Queen Mary's Hospital. There it would have critical care support enabling it to treat patients with more complex needs. Orpington Hospital will continue to be used to provide outpatient and intermediate care services.

Impact on other surrounding hospitals

Many patients use services at Darent Valley Hospital, Guy's and St Thomas' Hospital and King's College Hospital. These services will remain, and patients can choose to use them in the same way as now. We expect the number of patients using these hospitals to increase whichever option is selected. We are in detailed discussion with these hospitals to check how they would care for these extra patients, these discussions will inform the decision at the end of the consultation period.

Access and transport

We recognise that for our proposals to work, we will need more emergency ambulances to take patients directly to the right hospital for the best care. Ambulances can provide a 'mini A&E' for urgent care until they arrive at a hospital with the most appropriate staff and equipment.

Some people would have to travel further for specialist services, such as complex surgery and maternity care. On the other hand, if many more services are provided in the community, a lot of people won't have to go to hospital as many times. We would like you to think about what is most important to you.

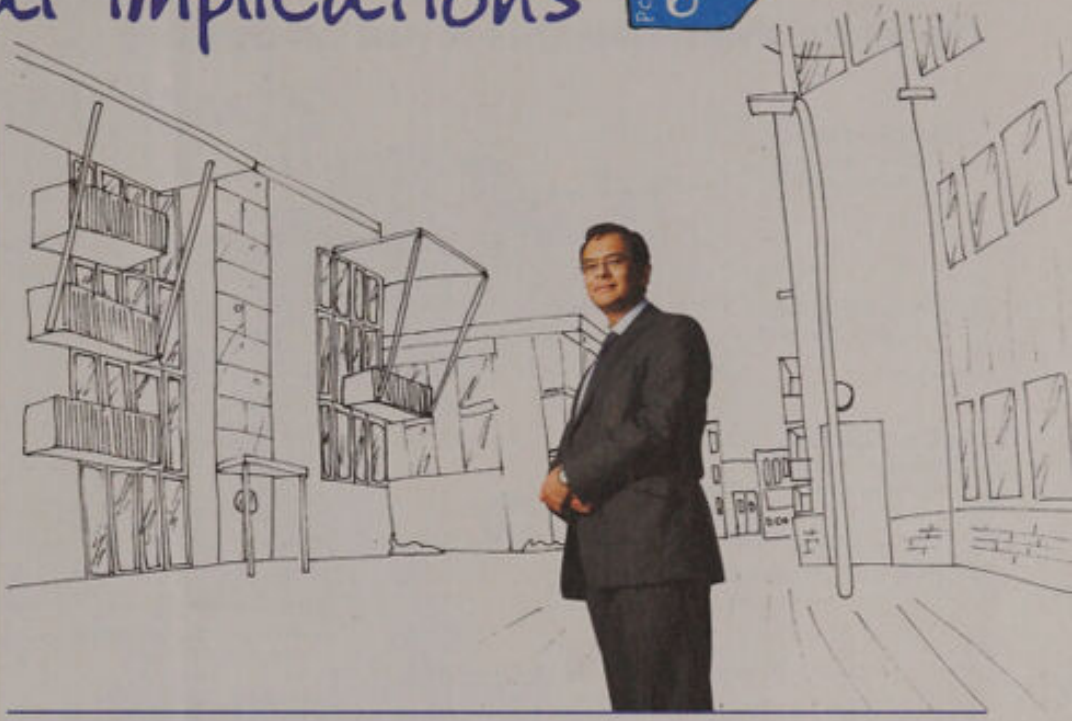
Question: The three options only give me a choice of different services at Lewisham. What if I don't like the services proposed at my local hospital in Bexley, Bromley or Greenwich?

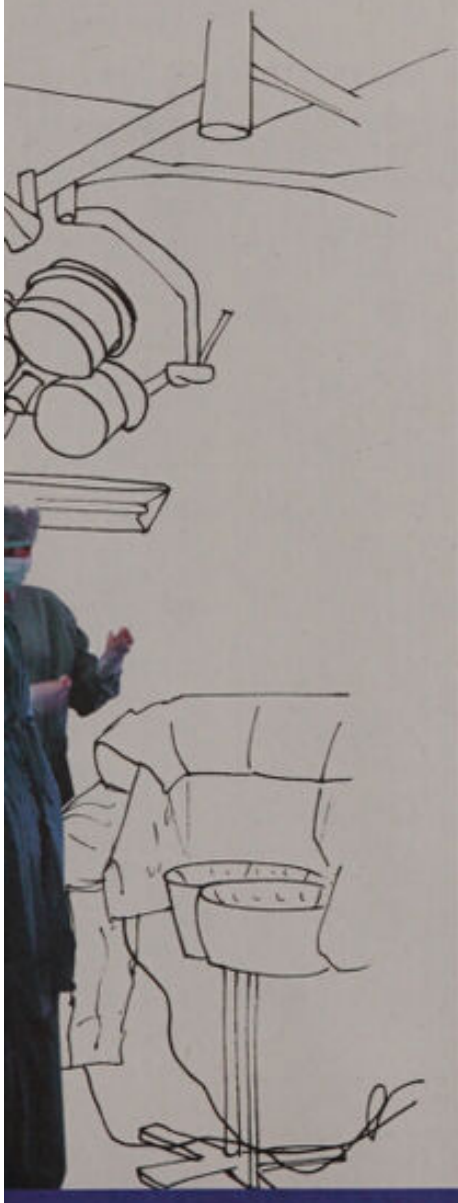
Answer: We have put forward what we believe to be the best three options. We have narrowed down 23 original ideas into three. However the questionnaire gives you the opportunity to say why you don't think any of the options are appropriate and make alternative suggestions. We would welcome your views.

Financial implications

PCBC 6

Currently the hospitals are spending £400,000 a week more than they have, and they are spending £5.4m a year just paying the interest on their £218 million debt.





Efficiency savings, planned to deliver £10 – 15m per year are insufficient to solve the depth of the financial problem.

Every day this overspend is increasing. First we need to get to a position where, every year, we spend as much as we receive so that the debt doesn't get any bigger. The quicker we can start reducing our financial problems, the more funds will be available to spend on health services.

If we do not make changes to our services, our overspend could reach almost £57 million every year (by 2010/11).

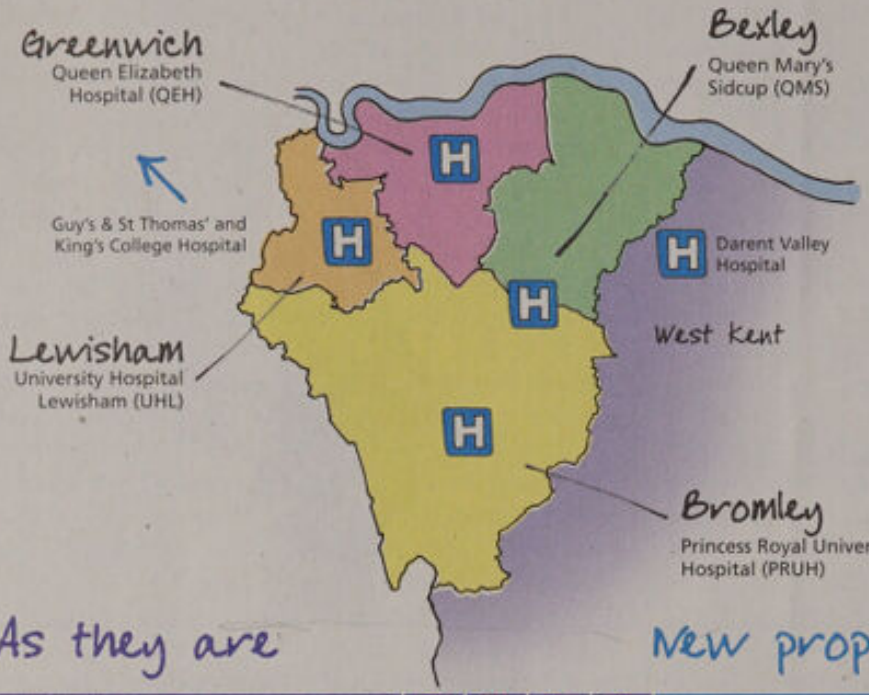
The proposed options are all affordable (Option 3 is very close to being affordable with a £3 million overspend a year and would be affordable if planned efficiency savings are made). Coupled with planned efficiencies, the options also help to reduce the debt year on year, but will not pay off all the debt.

	Current Services £million	Option 1 £million	Option 2 £million	Option 3 £million
In year position after changes	-57.0	2.7	0.9	-3.4
Efficiency Savings:				
£10 million	-47.0	12.7	10.9	6.6
£15 million	-42.0	17.7	15.9	11.6

Current services, Option 1 & Option 2 = 2011/12
Option 3 = 2014/15

How health services look now and how they might look in the future

(to leave them like this is not an option)



Orpington Hospital
Our proposal to provide planned surgery at two sites means that the planned surgery unit at Orpington Hospital would move to Queen Mary's Sidcup. Under all options we are proposing that Orpington Hospital continues to provide outpatients, hydrotherapy, tests and intermediate care, as at present.

Specialist outpatient services
Under all options there will be an opportunity to relocate some of the outpatient services, such as for renal, cardiac, neurosciences and cancer services, currently based at King's College and Guy's and St Thomas' hospitals more locally (see ↖↘ map).

	As they are				New proposals	ALL OPTIONS			OPTIONS 1 2 3		
	Services	H PRUH	H QEH	H QMS	H UHL	Services	H PRUH	H QEH	H QMS	H UHL	
Emergency / planned	A&E	/	/	/	/	A&E	//	//		// *	//	
	Urgent Care Centre			/		Urgent Care Centre	NEW	NEW	//	NEW	NEW	NEW
	Medical Assessment Service for older people	/	/	/	/	Medical Assessment Service for older people	//	//	//	//	//	//
	Non Surgical Emergencies (General Medicine)	/	/	/	/	Non Surgical Emergencies (General Medicine)	//	//		//	//	
	Emergency and Planned Surgery	/	/	/	/	Emergency and Complex Surgery	//	//			//	
						Planned Surgery – inpatients and day surgery			//	//	//	//
	Trauma and Orthopaedic Surgery	/	/	/	/	Trauma Surgery	//	//			//	
						Planned Orthopaedic Surgery			//	//	//	//
Children's and Women's Services	Children's Services – Inpatients, assessment and treatment	/	/	/	/	Children's Services – Inpatients, assessment and treatment	//	//			//	
						Children's assessment and treatment services			//	NEW		NEW
	Doctor led maternity unit with intensive care for babies	/	/	/	/	Doctor led maternity unit with intensive care for babies	//	//			//	
	Midwife led birthing unit			/		Midwife led birthing unit	NEW	NEW			NEW	
	Home births	/	/	/	/	Home births	// **	// **	// **	// **	// **	// **
ID & DP	Outpatients and tests	/	/	/	/	Outpatients and tests	/	/	/	/	/	/
	Intermediate Care on hospital site					Intermediate Care on hospital site			NEW			

/ Current level of service

// Improved quality of service and/or increased scale of service

NEW New service

* This A&E would receive non surgical emergencies (i.e. medical emergencies), but not emergency surgery or paediatric emergencies

** This relates to an assumed increased scale of service, but this depends upon mothers choosing this method of delivery

How to give your comments

The consultation period starts in the week beginning 7 January 2008 and ends in the week beginning 7 April 2008.

Your comments on our proposals are important to us. We have listened to local people throughout the planning of these options and we will continue to do so during the consultation. Please take this opportunity to send us your comments.

A questionnaire has been produced by an independent organisation (Imperial College). The questionnaire is enclosed. If you do not have one please call us on **0800 321 3579**.

Completed questionnaires and any other views sent to us during the consultation period will be collected and reviewed by Imperial College.

You can give us your comments:

- By filling in the enclosed questionnaire and returning it to the freepost address below

FREEPOST RRSL-BSTX-AKYS
A picture of health
Centre for Health Management
Tanaka Business School
Imperial College
London
SW7 2AZ

- By calling freephone **0800 321 3579** and leaving a message.
- By filling in the questionnaire on our website **www.apictureofhealth.nhs.uk**
- By attending a consultation event – please see below or visit our website for details of other consultation events.

Consultation events

Each borough will be hosting a consultation event in February. At these events you can come and speak to local doctors and nurses. Come and see us at:

Greenwich
23 February 2008
Woolwich Town Hall
Wellington Sreet
SE18 6PW
10am – 4pm

Bromley
26 February 2008
Bromley Library
High Sreet
Bromley
BR1 1EX
3pm – 8pm

Bexley
27 February 2008
United Reformed Church
of Bexleyheath
Geddes Place
Bexleyheath
Kent DA6 7DJ
2pm – 8pm

Lewisham
28 February 2008
Lewisham Methodist Church Hall
Albion Way
SE13 6BT
2pm – 8pm

Complaints

If you have a complaint about the consultation process, please write to:

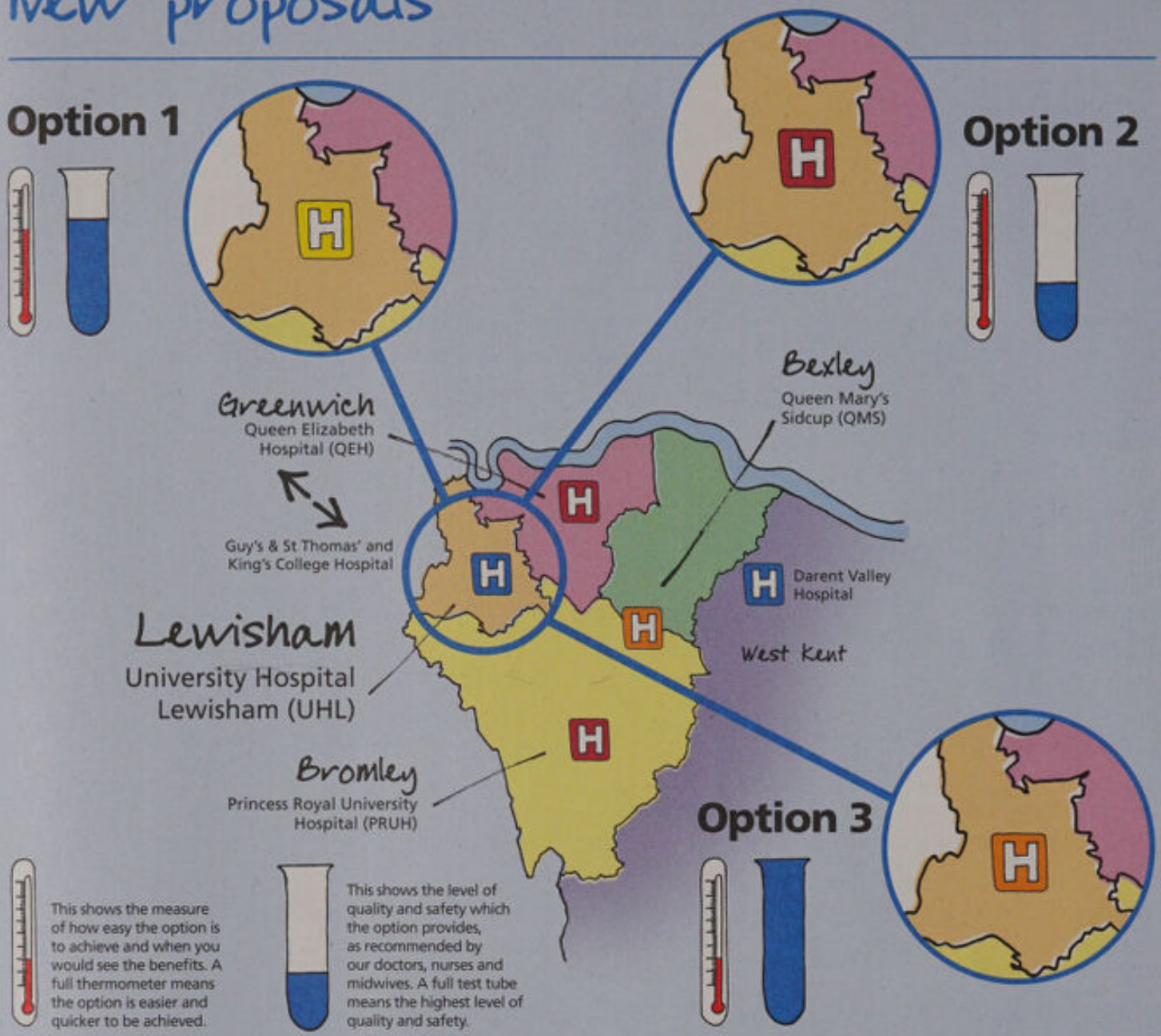
Michael Chuter,
JCPCT Chair,
Greenwich
Teaching PCT
31 – 37 Greenwich
Park Street
London
SE10 9LR

Additional information

We are here to help during the consultation. If you have any questions about this document, the 'Pre Consultation Business Case', 'impact assessment' or any other aspect of the project, please contact us and we will do our best to assist. You can find all documents referenced in this document, and additional working papers on the project website – **www.apictureofhealth.nhs.uk**

You can contact the consultation office by calling **0800 321 3579**, by emailing – **APOH@lewishampct.nhs.uk** or by writing to
A picture of health
3rd Floor
1 Lower Marsh
London
SE1 7NT

New proposals



What are the differences between the options?

The different services are shown opposite. In addition PC BC 5

Option 1:

- Separates emergency surgery and planned surgery at different hospitals to avoid cross contamination of hospital acquired infections.
- Concentrates more services together on different sites and so is likely to result in a better quality service for maternity, children's services, emergency surgery, A&E, critical care and medicine than option 2, but not as good as option 3.
- Additional 111 'community places'
- Affordable within in budget (£3 million surplus each year; more if planned efficiencies are made)
- Benefits achievable by 2010/2011

Option 2:

- Doesn't separate emergency surgery and planned surgery at University Hospital Lewisham, risking cross contamination of hospital acquired infections.
- Doesn't concentrate the most services so, although better than current provision, it is would provide the fewest benefits for maternity, children's services, emergency surgery, A&E, critical care and medicine.
- Additional 66 'community places'
- Affordable within budget (£1 million surplus each year; more if planned efficiencies are made)
- Benefits achievable by 2010/11
- Easiest to achieve.

Option 3:

- Separates emergency surgery and planned surgery at different hospitals to avoid cross contamination of hospital acquired infections.
- Concentrates more services together on different sites and so is likely to result in the best (along with option 1) and safest service for maternity, children's inpatient and emergency surgery.
- Additional 254 'community places'
- Results in slight overspend of budget; with planned efficiencies there is a surplus.
- Provision of fewer services at University Hospital Lewisham means that some patients will need to travel further, to other hospitals (for example King's College Hospital) to access the care they need.
- Benefits achievable by 2013/14 at the earliest.

Taking the decision

PCBC 8

What will be the impact of these proposals?

As part of the consultation we will be undertaking what is called an 'impact assessment'. This will examine the changes from different perspectives, looking at the impact of the changes on potentially disadvantaged individuals and groups of patients. The assessment will look at equalities and access, picking up issues such as transfer of patients and the environmental impact of the proposals.

It will also look at gaps in our proposals to make sure that everyone is able to receive the benefits we intend, for example, are people without cars able to reach the health facilities?

The assessment will make recommendations about how our proposals will affect all parts of the community.

Next steps

Based on the consultation responses, Imperial College will publish an independent report in June 2008 at the earliest (see page 17). We will also hold a feedback event where staff and members of the public can hear about the consultation responses.

Following this event, a Joint Committee of the Primary Care Trusts will decide on the most appropriate way forward at a meeting in public.

Details about this meeting will be published in due course.

They will take into account the views from the consultation, the tests used for assessing the options, along with the results of the 'impact assessment' as part of taking the decision on changes to services.

The local health watchdogs (the joint health overview and scrutiny committee) will hold us to account in ensuring that this consultation is run fairly, and that we make the best possible decision.

For a Braille, easy read, CD or audio-tape version of this document please contact:
Freephone: 0800 321 3579
email: APOH@lewishampct.nhs.uk

You can also contact us if you would like this document in another language or format, or if you require the services of an interpreter.

إذا أردت هذه الوثيقة بلغة أخرى أو بطريقة أخرى، أو إذا كنت بحاجة إلى خدمات مترجم، فرجو أن تقوم بالاتصال بنا.

যদি আপনি এই ডকুমেন্ট অন্য ভাষায় বা ফরমেটে চান অথবা যদি আপনার একজন ইন্টারপ্রেটারের প্রয়োজন হয়, তাহলে দয়া করে আমাদের সাথে যোগাযোগ করুন।

Si vous souhaitez obtenir ce document dans une autre langue ou sous un autre format ou si vous avez besoin des services d'un interprète, veuillez nous contacter.

यह दस्तावेज़ यदि आपको किसी अन्य भाषा या अन्य रूप में चाहिये, या आपको आनुवाद-सेवाओं की आवश्यक्ता हो तो हमसे संपर्क करें

本文件可以翻译为另一语文版本，或制作成另一格式，如有此需要，或需要传译员的协助，请与我们联系。

Jeżeli chcieliby Państwo otrzymać ten dokument w innym języku lub w innym formacie albo jeżeli potrzebna jest pomoc tłumacza, to prosimy o kontakt z nami.

ਜੇ ਇਹ ਦਸਤਾਵੇਜ਼ ਤੁਹਾਨੂੰ ਕਿਸੇ ਹੋਰ ਭਾਸ਼ਾ ਵਿਚ ਜਾਂ ਕਿਸੇ ਹੋਰ ਰੂਪ ਵਿਚ ਚਾਹੀਦਾ ਹੈ, ਜਾਂ ਜੇ ਤੁਹਾਨੂੰ ਗੱਲਬਾਤ ਸਮਝਾਉਣ ਲਈ ਕਿਸੇ ਇੰਟਰਪ੍ਰੈਟਰ ਦੀ ਲੋੜ ਹੈ, ਤਾਂ ਤੁਸੀਂ ਸਾਨੂੰ ਦੱਸੋ।

Haddii aad ku rabtid dokumentigaan luqado kale ama daabacaad kale, ama haddii aad u baahan tahay turjibaan, fadlan nala soo xiriir.

Bu belgenin Türkçe'sini edinmek ya da Türkçe bilen birisinin size yardımcı olmasını istiyorsanız, bize başvurabilirsiniz.

Nếu quý vị muốn có tài liệu này ấn hành bằng ngôn ngữ hoặc khuôn khổ khác, hoặc nếu quý vị cần một thông dịch viên giúp đỡ, xin liên lạc với chúng tôi.

www.apictureofhealth.nhs.uk