

Questions to Imperial College Healthcare NHS Trust, North West London CCGs and H&F CCG regarding the future of Charing Cross Hospital

Healthwatch Central West London is an independent charity established under the provision of the Health and Social Care Act 2012 to represent the voices of local people in health and social care.

The continued uncertainty around the future of Charing Cross Hospital has been raised repeatedly at the Healthwatch Local Committee for Hammersmith and Fulham, engagement events and via the Healthwatch website. The response to these concerns, for an extended period, has been that there are no plans to close Charing Cross, however this position does not provide any clarity on the future position of services.

In delivering our remit in health and social care, Healthwatch are putting forward the questions and concerns of the local community in anticipation of a full response from Imperial College Healthcare NHS Trust, H&F CCG and North West London Collaboration of CCGs.

We welcome the opportunity to arrange a meeting with you to discuss your written response.

A. Communications and Involvement

1. What negative impacts for patients have been captured as part of your planning for this major change for example during an options appraisals?
2. Do you have evidence to demonstrate that patients and communities can be assured that possible negative impacts from future changes will be mitigated? If yes, please provide a copy of your evidence. If not, please provide us with information regarding how you are going to test and measure possible negative impacts.
3. What steps have you taken to communicate with the local population, your plans for Charing Cross hospital in a clear, accessible and easy to understand manner and how are you monitoring the progress? Please provide a breakdown of steps and monitoring mechanisms.
4. Will you be able to produce a briefing, for wide circulation, that explains what your plans are and what they mean for local people? The briefing should refer to policies from different documents to inform local people, but also provide them with the opportunity to track down the progress you are making moving forward.
5. How are you going to involve members of the public, as well as health professionals in the development of the plans for Charing Cross hospital?

Please provide specific timelines (if available) and a breakdown of your involvement strategy.

Healthwatch Central West London would like to be fully involved in the planning and consultation process and work with the Trust to ensure that any changes result in an enhanced level of healthcare provision for the local population.

B. A&E and Wider Services

1. What is the evidence that suggests that Charing Cross should become a local hospital and what is the definition of a local hospital? Please provide us with any supporting documents.
2. What evidence is there that GP hubs and other out-of-hospital provision are reducing demand on hospital services?
3. “No reduction of A&E and wider services” - this term has been used in the Trust’s responses to concerns regarding a closure plan for Charing Cross Hospital. Please provide a breakdown of all services with clarification what is included and what is not in “wider services”.
4. If the Shaping a Healthier Future plans go through, please clarify:
 - a) Will there be A&E consultants on site at Charing Cross?
 - b) Will there be a blue light ambulance service at Charing Cross?

C. Beds, community services and accessibility

1. Healthwatch Central West London has received concerns raised by local residents of what Charing Cross hospital will look like after 2021. Please clarify:
 - a) How many beds will there be and what type will they be when compared to now?
 - b) If there is a reduction of beds, how will demand be met and managed?
 - c) If there is a reduction of beds, how are you measuring safety issues given the high bed occupancy figures at ICHT hospitals?
 - d) Are there any estimates as to how many in-hospital patient visits that requiring bed and clinic capacity will be replaced by community based services?
 - e) How many of these community based services depend on the enhanced digital capabilities and interoperability strands referred to in Local Digital Roadmap - STP January 2017?
 - f) In Shaping a Healthier Future 2012, there were plans to develop a separate elective orthopaedic hospital on the lines of the one in Epsom. Is this still planned and how will it affect Charing Cross?
 - g) How will Charing Cross, as a local hospital be complemented by integrated care and an Accountable Care Partnership?

2. Given that we have a growing, ageing population who live longer with periods of chronic illness and disability how can you in practice reduce planned admissions without rationing access to operations such as cataract removal, knee and hip replacements? Isn't there now an additional pressure on the STP to limit access to these procedures given their inclusion on the list of areas whose finances are deemed to require increased control through the Capped Expenditure Process?

D. Charing Cross in the national context

1. 164,000 disabled people this year in England have had some or all of their Personal Independence Payments withdrawn and Employment Support Allowances have been cut by 33.3%. Between 2010 & 2015 there was a 31% cut, i.e. £4.6bn in English social care budgets and 400,000 fewer people receive social care in 2015 compared to 2009-10 (Association of Directors of Social Services Budget Survey 2015).
2. Given this context and how it is reflected in the areas served by Charing Cross Hospital please answer the following:
 - a) Have you measured how these changes on a national level have impacted residents across North West London?
 - b) How this national landscape has been taken into account to inform your plans for the future of Charing Cross hospital services?
 - c) Given this collapse in funding, how can you ensure that STP plans are realistic.
 - d) How have you tested the assumptions that integrating community health and social care can generate enough extra capacity to compensate for potential loss of services?
 - e) Have you measured the impact these changes at the national level will have in the local context regarding Charing Cross provision for people that are not in employment?

E. Funding

1. According to this article <http://www.nationalhealthexecutive.com/Health-Care-News/go-ahead-given-to-support-15-stp-areas-with-325m-capital-investment?dorewrite=false/Page-1345> from 19.07.2017, NW London STP is not going to participate in a share of the £325m, funding which NHS England has targeted to "strongest and most advanced schemes in STPs" How will losing out on this bid affect the delivery of the STP and, in particular, Charing Cross hospital provision? What are the current steps taken to face the financial challenge?
2. On page 42, Local Digital Roadmap January 2017 states in the last sentence: "Funding for the programme is still under discussion within NHSE, and full details of programme costs and the associated funding will be published in due course." Please clarify "due course" and inform us when you will be able to provide a timeline related to the funding. Which systems will be prioritised?

What are the clinical and demand implications of not providing the technology systems that cannot be funded?

3. Local residents are concerned that saving £1.3bn from NW London's budget over the next 5 years could lead to job redundancies or downgrading of skills. How are you going to measure labour cost against the budget and what are the steps you are taking to show that you mitigate possible negative impacts on the quality of healthcare?

F. Technical Infrastructure

1. How robust is the technical infrastructure being put in place, which the move to the community model of service provision relies upon. How can assurance be demonstrated to the community?

Please specify the following:

- a) How many systems that need to, can share data now and how many will be able to by 2021?
- b) What are the implication for the STP if the underlying systems cannot share data? What will be the effect of removing the productivity tools required to provide to healthcare remotely?
- c) What is the state of cyber security across all systems?
- d) What is the timeline for improving or rendering obsolete technology that can be economically improved?
- e) what are your plans for raising data standards to improve interoperability of the IT infrastructure?