RCN Inner North West London Branch Submission to the People's Inquiry into London's NHS

So we now know that the plan to close Hammersmith Hospital and Central Middlesex Hospital A&E Departments has been confirmed. Although Jeremy Hunt said in the House of Commons in October that Ealing and Charing Cross Hospital (CXH) will keep their A&E departments, we are told that there will be no 'blue light' service and no consultant cover for these departments.

People who need to be taken to hospital by ambulance will be taken to the nearest appropriate A&E department depending on their condition, but many people who are potentially very ill with life threatening conditions are taken to hospital by family and friends. They may not know what the condition is and won't know which A&E department to take them to. It is potentially very dangerous, given the confusion for patients, to pretend that Ealing and Charing Cross Hospitals have kept open their A&E departments. Medical conditions that require speed of diagnosis and response would be of greatest concern, such as appendicitis; anaphylaxis; fractured hip; acute asthma and septicaemia.

Other hospitals in NW London such as St Mary's in Paddington are already seeing increased patients over the last five years due to reduced services at Central Middlesex. Further closures will increase these pressures. Patients and relatives will have to travel further for treatment and care, which is unkind especially on those who are frail. There is also the question of cost for these patients travelling from further away, as transport is not now provided to those deemed fit, even if they are being discharged at 1am, as happened to the father of one of our members. The surrounding hospitals have not been upgraded to deal with the influx of patients, in terms of both staffing and facilities to provide quality care.

We have been told that the A&Es will close 'once details of their longer term strategies are finalised', and that the closures will rely on a shift to primary and community care. However, over that past 2 years there have been significant numbers of external consultants scoping what model of services will be required for out of hospital care and any new services that have been put in place to address this across NW London have been extremely small and often short term. Strategies to reduce hospital admissions have rarely been successful due mainly to lack of really significant investment over a long enough period to embed new services.

At the same time vital services are shrinking e.g. mental health and community nursing. As the RCN has shown, NHS England's plan to remove the deprivation weighting from CCG funding would mean a £150m a year cut to NW London's health services. In this context closing the A&Es in some of the most deprived areas of NW London will be a risk to patient safety. Reduced need for A&E and hospital beds must be a prerequisite to any closures.

Vacancy rates are high across the city, and in NW London recruitment is extremely difficult for the medium and higher grade, more experienced and skilled roles. This is mainly due to the high cost of living and travel costs in London, pressure of

increasing workloads and constant attack on pay and terms and conditions of health service staff. For the same reasons staff turnover has risen.

We do not believe it is true that 'Shaping a Healthier Future' is led and agreed by a majority of clinicians. There are plenty of clinicians who do not believe the strategy can deliver a healthier future for all but will serve to make the divisions wider and put a healthier future further out of reach of the most vulnerable.

For further information please contact Ewan Russell, RCN London, ewan.russell@rcn.org.uk