The People's Inquiry: One Year On

Evidence presented by Colin Standfield (CS)

Thursday 11 December
Queen Elizabeth II Conference Centre, Broad Sanctuary, London SW1P 3EE, Shelley Room

Present:

Roy Lilley (Chair; RL); Dr Louise Irvine (LI); Naledi Kline (NK); Dr John Lister (JL); Professor Sue Richards (SR); Polly Toynbee (PT), Frank Wood (FW).

RL:
We appreciate your giving us your time. Take your time. We're very interested in knowing what you are going to tell us today.

CS:
Can you please imagine, because I am not going to be doing inverted commas all day, that whenever I say *Shaping A Healthier Future*[1], 'healthier' is in inverted commas!

This is *Shaping A Healthier Future*, 2 years on. When you look back at some of the things they said, they produced a pamphlet in July 2012 called *The Myth Buster* (Appendix 1) in which they had a number of apparent myths and apparent facts to refute those myths, one of which was closing some A&Es meant others would be overwhelmed. They said 'Fact: patients will benefit from improved access to community and local services. These improvements will be made in - note – 'before any changes to A&E take place'.

That was in August 2012; I went through that and I thought some of those "myths" are complaints that we've made, but some of them are complaints that nobody has made that I'm aware of. So we have this Kafkaesque situation where the NHS has inventing their own "myths" so it can dispel them. Rather like they could have had a myth that the government had given each doctor a list of people who should not be resuscitated because they are undesirables. 'Fact: treatment of all patients will be in the hands of clinicians under our new proposals'. You think 'That's wonderful' and it's at that kind of level.

Rather like the man who turns up at your house, and he says 'Myth: I am a con-man'; 'Fact: I do have some tarmac left over from another job and I can do your drive'. So that was *Myth Busters*.

Dr Spencer said 'we're investing £138 million across North-West London within the next 3 years which includes some building and refurbishing of health centres but mainly on staff. We can't make any changes to hospitals until this is in place', and that was in the *Ealing Gazette*, 21 July 2013. Mr Hunt said in parliament, "None of these changes will take place until NHS England is convinced that the necessary increases in capacity in North-West London's hospitals and primary and community services taken place" – and you'll find that in *Hansard* for 30 October last year, column 922.

David McVitie[2] said, in May this year, referring to the imminent closure of Central Middlesex, in a letter to colleagues, 'Our main priority is to ensure that any closure is in the best interests of our patients, and only when the necessary arrangements are in place'.

[1] Shaping a Healthier Future is the strategic plan drawn up by eight North West London Primary Care Trusts and now driven by CCGs in NW London: it includes proposals to close 4 A&E departments and almost all inpatient services and beds at Ealing and Charing Cross Hospitals.

We said 2 years ago,

> 'We submit that Ealing's Urgent Care Centre only functions safely with co-located specialist services on site and that the investment in community care plans as part of shaping a healthier future will not be able to fill the gap created by the major loss of services which will happen on the Ealing site if these plans go through'.

That was a statement by the consultants of Ealing Hospitals in July 2012 which was sent to the Secretary of State.

We also said

> 'The implementation of the scheduled healthier future plans relies the heroic an unsubstantiated assumptions about the availability and the effectiveness of out-of-hospital services to cope with much of the displaced A&E demand'.

That was my submission to the Independent Reconfiguration Panel in August last year (Appendix 2).

Now they are saying – or at least one of them is saying – "We were advised to close the A&E department of Central Middlesex and emergency unit at Hammersmith earlier than we had originally planned". This is an e-mail from Dr Spencer on 17 September this year. He went on to say "It is too early to see the extent of reductions caused by improved community and primary which are still in their early stages."

Let's look at what these fantasy improvements were. They stem from fantasy budgets for out of hospital care. The consultation document from 2012 said on page 32, "Delivering the vision for care outside hospitals will cost up to £120 million." On page 38 they say "Up to £120 million will be invested in these services over the next 3 years." And in their summary document which came round the same month, "Care nearer to patients' homes … we are investing £130 million in local services."

So the fantasy begins. It continues with the decision-making business case earlier this year. Page xvi:

> "Within 5 years we will be spending £190 million more on out-of –hospital services each year."

On page 97,

> "we will invest around £190 million over the next 5 years."

On page 215,

> "Within 5 years we will be spending £190 million on out of hospital each year,"

That's all from the decision-making business case from February this year.

Dr Spencer said, "We're investing £138 million across North-West London within the next 3 years" in that same *Ealing Gazette* interview from July last year. So we asked in a series of e-mails.

> 'Your answer including total annual investment by 2017-18 is gibberish. Is it total, or is it annual?' (My e-mall to Dr Spencer 2 August last year.)

I got back:

> 'It's a recurrent investment that will have accumulated to a recurrent £190 million by 2017-18.', reply from Dr Spencer, 9 August.

RL:
That's gibberish.

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[2] Chief Executive of NW London Hospitals Trust (since renamed London North West Healthcare, after the merger with Ealing Hospital Trust).

CS: Yes.

RL:
Is that gibberish or has he mis-expressed himself? Because with recurrent investment adding up to £190 million it's hard to see how you get if it's recurrent. What was the original investment? £138 million?

CS:
£120 million.

RL:
£120 million. Over how long?

CS:
Over 5 years. That doesn't come to £190 million. That's not right. It's £600 million if it's cumulative. Five times 120. So what is the 190? I don't understand that.

My next e-mail of the 23 August last year asked, 'How much will really be spent in each of the next years on increased or improved out-of-hospital services?'

RL:
What a simple question.

CS:
"How much in each year will be new money?" Trickier question. "And how will we know if or when it has been spent by the eight CCGs?"

RL:
And the answer was?

CS:
Wait. Because, I 'm aware that what they will do is say "Ah, well there was a Hillingdon GP initiative fund which sought to align GP services in Hillingdon with those of co-terminous boroughs'. That was £120m."

They would add up a whole load of things that they would have done anyway, and said 'There you are, there's a hundred.' But they won't make £190 million, I can't see how. It's a fantasy budget.

So I asked those simple questions, perhaps they were getting slightly more complex when I asked how much for each CCG, but the answer came in Dr Spencer's e-mail of the same day.

> "I'm sorry you've not got a full reply. I know the team are in the process of completing the reply".

A month and a half later, the SAHF team, on 8 October, said:

> "The out-of-hospital services investment will have accumulated a recurrent £190 million by 2017-18. This means that each year money will be invested. The total invested will increase and by 2017-18 we will be spending £190 million more on out-of –hospital services each year compared with now."

So somewhere, I agree with you Mr Chair, you are closer to a billion. But that's the answers I got.

JL: It's 60, 60 and 70 to make 190 over the 3 years to 2017. And that's all they were actually providing.

RL:
They are either completely barmy or they can't speak English. This is what it is: the recurrent expenditure becomes cumulative. That must be what they mean, surely?

CS:
This doesn't matter. This is fantasy money – it's not in the budget anywhere.

PT:
So they've sworn that it's there but they can't see it anywhere?

CS:
No one can see it anywhere. They've just simply said this is what we're going to do. There's no budget, there's no pot of money there.

PT:
What's the start date for it?

CS:
I would assume July 2012, the start of the consultation. I don't know. Let's say it was September 2014 when they actually closed the first two A&Es and started the process that they talked about. By then there was no money visible, and since then there's no money visible either, so clearly there is no money.

RL:
I suspect you have an e-mail.

CS:
I have a series of e-mails. I gave up at that point, probably. I'm still battering the door and trying to get answers and getting few. In fact, I alerted the Information Commissioner this week owing to a number of Freedom of Information requests that haven't come though. I had a bleat from them yesterday saying 'we're under-resourced'. I answered back 'you've got much more than I've got'.

They have hundreds of Freedom of Information requests, apparently. If what they are doing is causing so many questions they maybe should stop to think 'why is it we're doing such things that so many people are asking questions?'.

However, taking stock, if it started on 10 September when the A&Es closed it shouldn't have done, because there aren't any of these imaginary services in place before then, despite what Mr McVitie, Mr Hunt, Dr Spencer had said.

RL:
Well they would require the investment to push that.

PT:
They would also need training and staff lead-in time to get the right number of staff to do that.

CS: And North-West London should by now be awash with GPs and nurses on bikes and everything else that goes with these services to replace the two A&Es that were closed.

RL:
We need to press on.

CS:
I think, far from being still in their early stages, nothing significant has happened to primary and community services in North-West London, and the expenditure on these has been anywhere between zero and £190 million, that's as far as I can say.

So where have the patients gone? My thesis is that the absence of primary and community facilities drives people into A&E. Now we know this has gone on for years. When I was on the board of Ealing PCT 10 years ago, they were doing postcode analyses of people coming into A&E and tracking them back to GPs who had actually dealt with them. So this has gone on forever. But of course when you start closing A&Es that problem becomes worse and exacerbates the pressure on remaining units. So if you look at Figure 1, type 1 attendances are largely stable, certainly in North-West London.

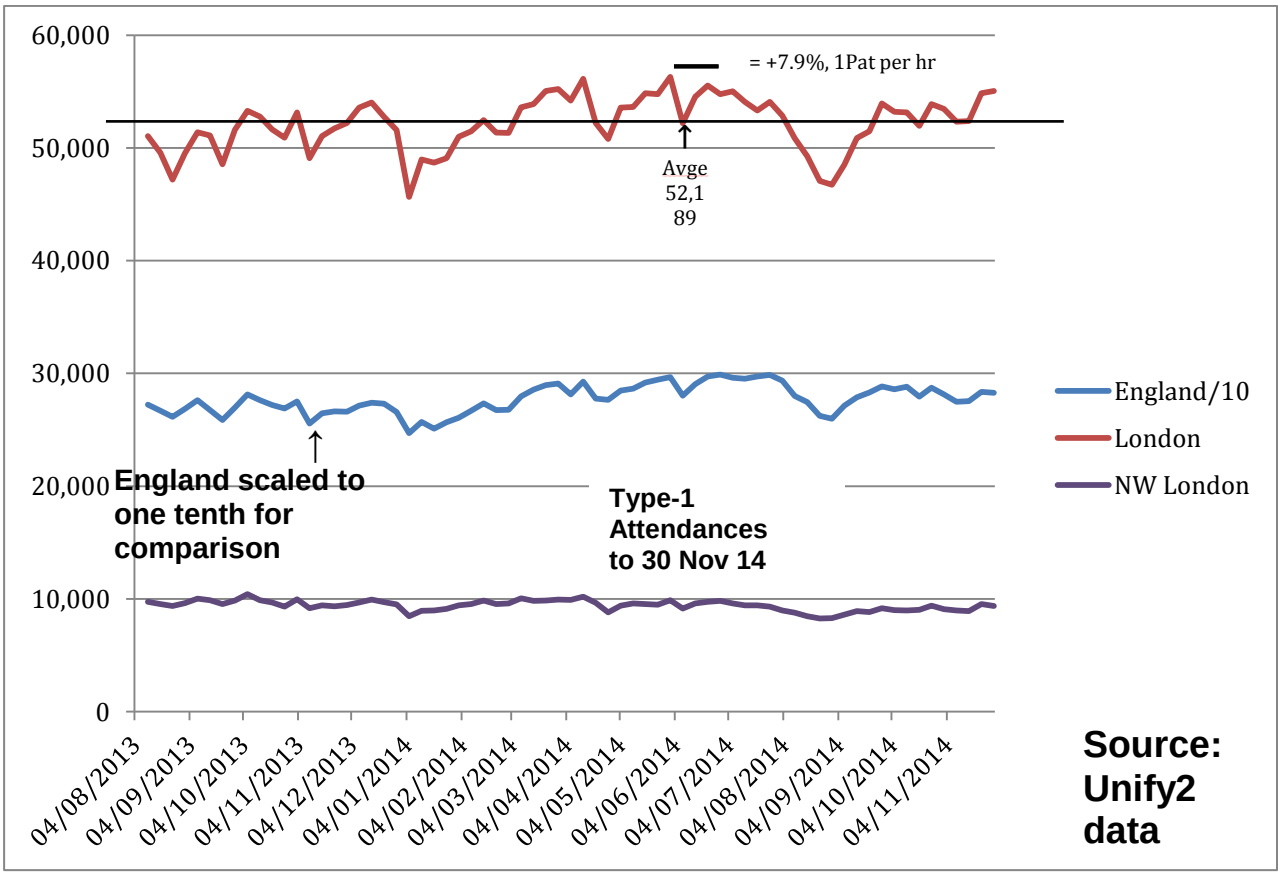


Figure 1

In fact if anything the purple line at the bottom is showing a bit of a dip towards the end of this year compared with the majority of the period from 4 August last year. England bobbles about. What I've done with England is scale it down to one-tenth so that it will appear on the same graph. That bobbles around. London jumps up and down. The highest point there is 7.9% above the average, so although it looks like it jumped around, that is the equivalent in London North-West Healthcare Trust of 1 patient per hour spread across two sites, with a 7.9% deviation from the average. So what looks like quite significant jumping around is actually quite manageable.

RL:
Yes, and the axis has changed as well. But is that class 1 A&E?

CS:
Type 1.

RL:
And the other question I have for you is, is that in any seasonally related? Is there a reason for it? Or is it just a general trend?

CS:
Not really. You can't tell people when to go to A&E. They will come in when they feel like it. I see no significant signal trends. I've looked back over December, there would be no winter pressure for the last year. In fact last year we did have a very mild winter and they were very, very grateful.

Figure 1 goes from early August last year to the later stages which are from 30 November. So nothing very much happening with type 1 attendances. Nor indeed, if you look at Figure 2 – all attendances. Very similar. There is no sudden upsurge towards the end of this year.

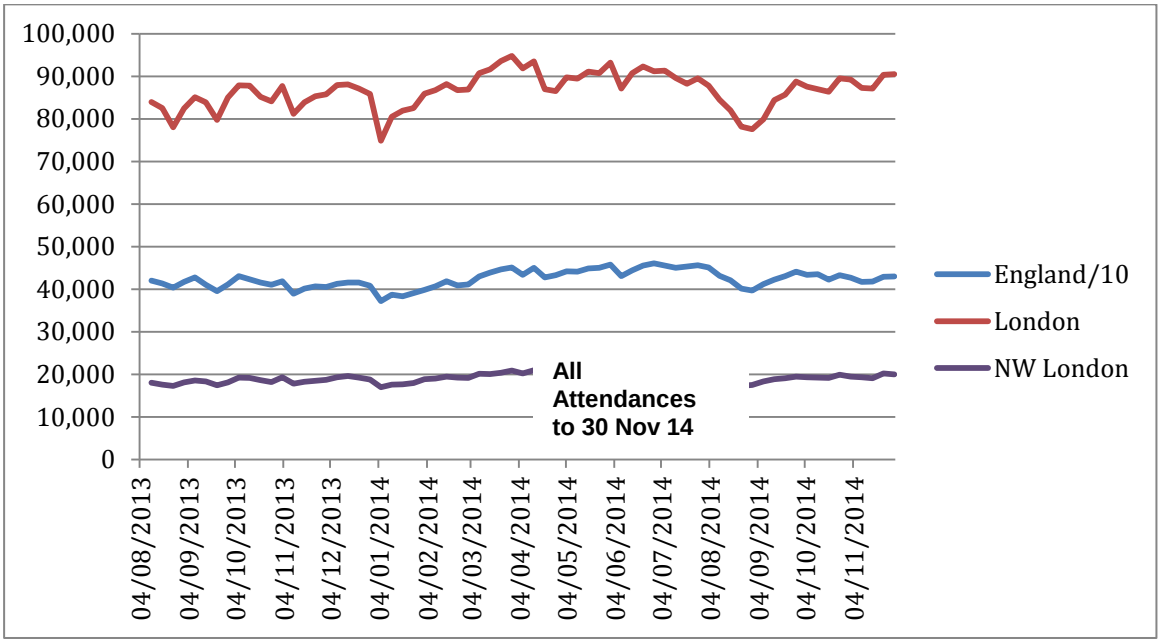


Figure 2

If you look at Figure 3, these are the red numbers. I've looked at the year to date and compared with last year and you will see that nothing very significant has happened that's different this year from what happened last year and I've broken Ealing and North-West London as a combined trust. So I've added Ealing and North-West London to make what is now London North-West Healthcare Trust throughout. That is virtually a flat line and puts the numbers up fairly low.

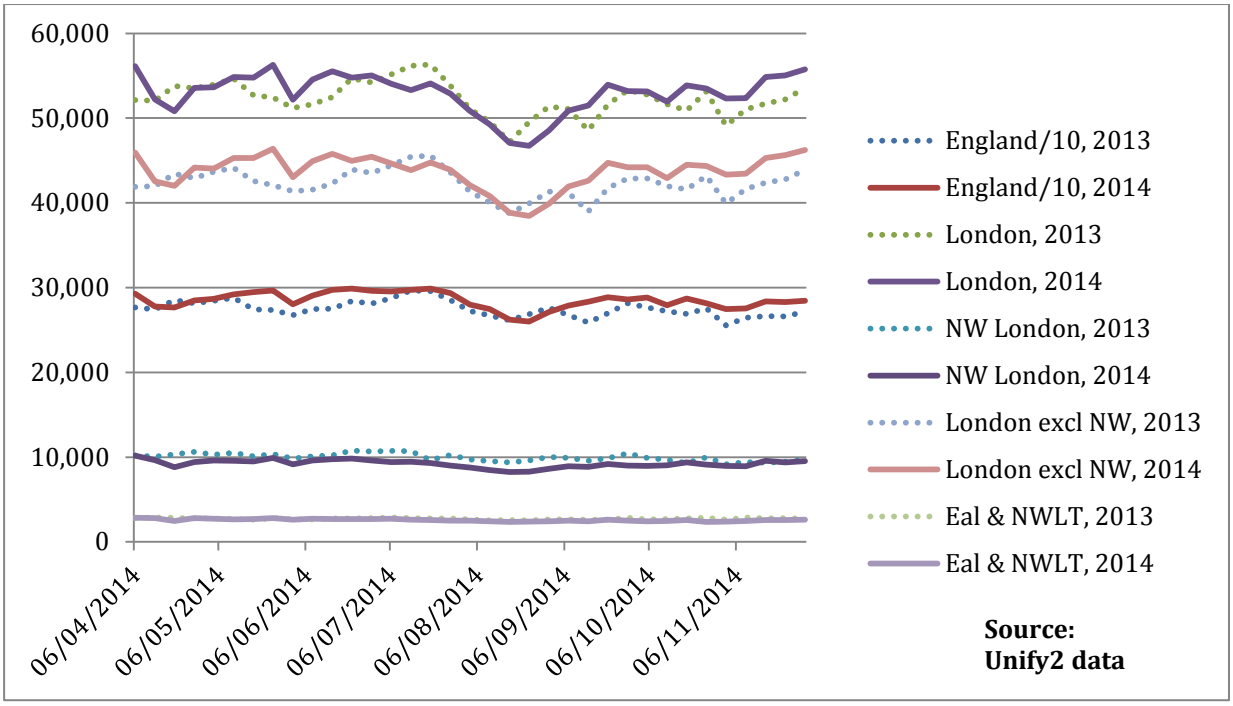


Figure 3

Nothing much is happening in the year to date. There is a slight increase against last year in the last month. So that possibly is something to do with the closure of two A&Es but it's not reflected here, I can't see that. So the demand is the same across North-West London as it is across London, across the country. There is nothing significant going on. Nothing major.

You will remember a couple of weeks ago the papers were full of "417,000 people presenting to A&E; that's 28,000 more than in the same period last year! That's a 7% increase in A&E admissions so far; the year is running at 7% over…" – but it's not.

If they had done that 2 weeks before it would have given them an 8,000 difference, not 28,000. There is no massive upsurge in A&E numbers. In fact, in the week of the 22 June of this year they coped with 460,000.

RL:
So A&E is choc-a-block, and we are on black alert for most of the A&Es?

CS:
But it's not reflected in the figures.

RL:
So what is happening? What is going wrong?

CS:
A number of things have happened. One is that there have been reductions in A&E capacity. We know a number of A&Es have closed around the country and we know certainly that two have closed in London.

RL:

So attendances versus capacity, that's one issue.

CS:
And lack of beds. There has been a wholesale reduction in bed numbers. If you hadn't got beds to admit people to, they back up in A&E. Then they back up on the ramps in the ambulances trying to get to A&E. That's one of the figures causing the drop in performance.

RL:
There's loss of capacity?

CS:
Loss of beds.

FW:
I would say there is something additional to that, which is not so much as the loss of beds, for example our hospital which is King's College Hospital, hasn't had a loss of beds, it's increased its beds; but there are less beds that are free. That's because the beds have somebody in them which of course means you can't let a patient in.

RL:
Do you have a feel for the social services content for this, and the ability to discharge?

CS:
I have had discussions with one of the consultants at Ealing, who said that one of the big problems is although Ealing Hospital set round an e-mail on the 15 September saying discharge people early because there is pressure across beds across North-West London, they couldn't discharge because social services are unable to cope. Social services were also being hit by local authority cuts. They can't discharge people. He cited a case of a woman who was discharged, elderly lady, discharged earlier than she should have been, and she put her electric kettle on the gas hob and caused a fire. He said that's the sort of personal thing that comes his way.

That's not reflected in the figures but that's the sort of thing that's happening. People are being asked to go home early to free up a bed so that the people in A&E can find somewhere to go. Otherwise, you see what's happening. You've now got a third of the people at Northwick Park that are type 1 emergencies, waiting for more than 4 hours. That is not just unacceptable, that is obscene.

Various things have contributed to that. The main one being the closure of a hospital. So going on to type 1's (Figure 4).

For North-West London, type 1 attendances are actually tracking below last year's. So there's no problem in demand. I would say there is no in-rush of people. If they could cope with 460,000 nationally on 22 June this year and still meet I think a 93.6% type 1's within 4 hours, and over 95% for all attendances were being met in June of 460,000. But they were complaining they had 417,000 and they were dropping well below 95% 2 weeks ago. Those figures do not add up.

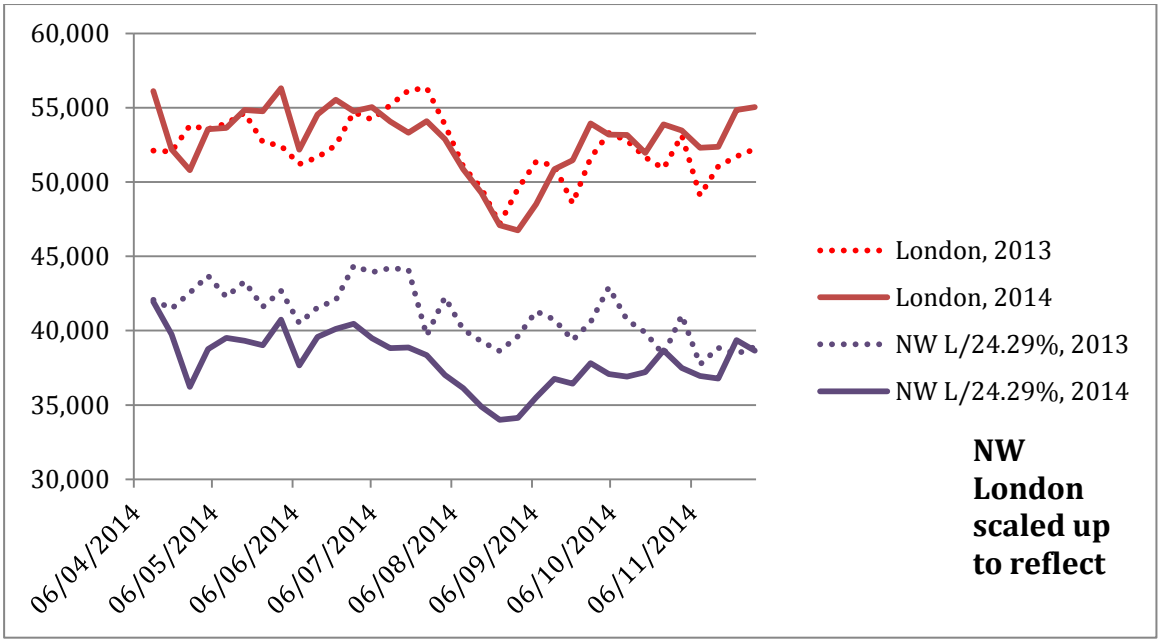


Figure 4

Figure 5 shows all attendances in North-West London compared with London. I have scaled up North-West London again to get it on the same chart. It is scaled up to its proportion of the London population.

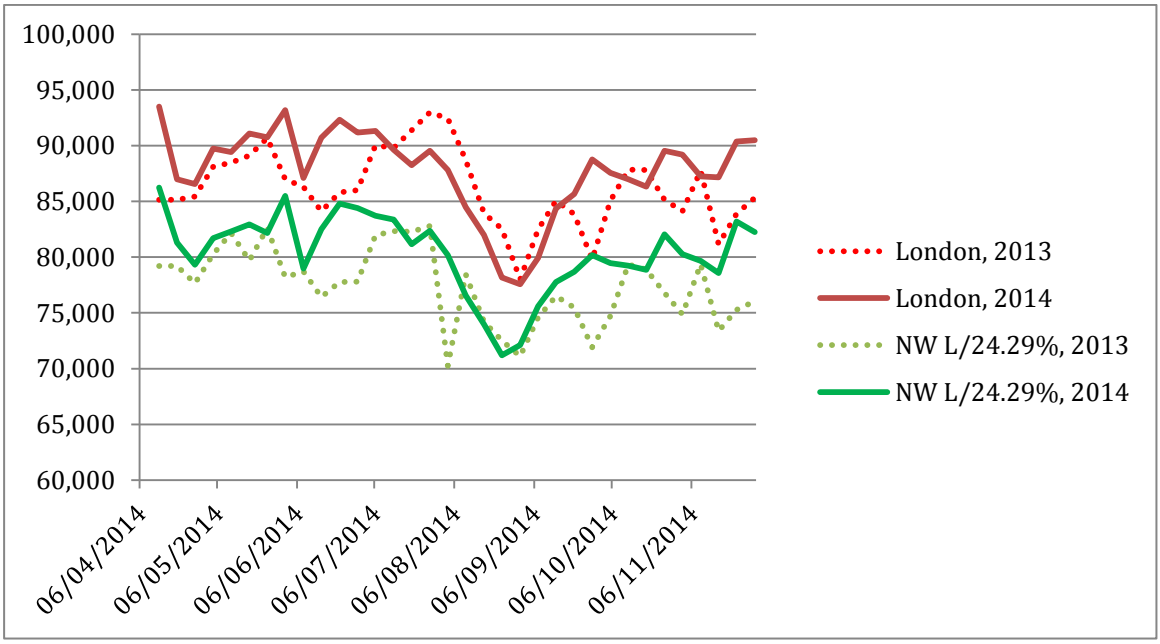


Figure 5 (North-West London scaled up to reflect London population level)

That shows that if they were to advance the case that more people use hospital in North-West London than the rest of London, it's not so. There is less demand on the hospitals by the population in North-West London than in London generally.

SR:
Just to clarify, when you say all attendances, you mean the ones with minor injuries at walk-in care centres?

CS:
That's type 1's, type2's and type 3's all added together.

SR:
Type 2 and type 3 are not what you would call A&E, they are minor injury units, walk-in care centres, that kind of thing, so that's what you mean by all of that?

CS:
That's all. Mostly type 1 and type 2.

RL:
So the figures are down slightly?

CS:
Yes. It's either down, or not going up very much. It wobbles about. The system has resilience for coping for the wobbles it receives. A 7.9% increase in type 1's is for a hospital or two hospitals like North-West London Healthcare, something like one patient extra per hour over a 24-hour period.

NK:
Maybe I'm in the wrong country! But I'm sure that 3-4 weeks ago there was something from NHS England about the crisis in A&E?

CS:
Yes – 417,000 people going to A&E and this is a crisis because that was 28,000 more than the 389,000 that came in in the same week the previous year. That's 7%. I heard a doctor on the Today programme saying 'A&E is now running at 7% higher than last year. That was just one week's figures. Two weeks before it was 8,000 more than the year before so therefore it was about 3%. Well you don't shout about that. But I think they picked a week when there was a big gap between November and November last and said 'look at this, 28,000 more – that's 7%, and we can't cope'.

RL:
I'm being a bit like Machiavelli here, but just to explore this s bit more: if for whatever imperatives there might be, you contract hospital capacity and say 'it won't make any difference to A&E, it's going to be fine' and then suddenly you find A&Es aren't coping, because you've closed stuff, it's convenient, I suppose to 'big up' the unexpected demand to try to obfuscate the fact it's capacity that was the problem.

CS:
I'll come to that.

PT:
Who was it who was making this protest? Was it the doctors trying to cope in a stressed A&E? Or was it the managers trying cover their tracks?

CS:
David Florey, Chief Executive of the NHS Trust Development Authority in the Mail on Sunday on 14 November, said 'Many hospitals are significantly more crowded than this time last year.' David

McVitie e-mailed me on 17 October and he said 'We saw an increase in emergency activity during September this year'. Well it's not on these graphs.

SR:
You're looking at a bit of a difference aren't you? But not very much.

JL:
I'm very conscious we've only got 6 minutes. You've got some dramatic graphs to come. But I just wanted to point out that it's been true for a long, long time that in North-West London hospital use and A&E use have been below the London and national average.

RL:
Move on, because I don't want to run out of time.

CS:
Ealing Hospital sent an internal e-mail round saying, amongst other things, "The whole of North-West London is currently under pressure due to increased demand for emergency care and in-patient beds." I say they are not. That was on 16 September that provoked an exchange of e-mails with Dr Spencer.

However, whatever has happened, A&E performance is definitely in crisis, because you just need to look at the data for 2 days each week to see that 95% performance is dropping for type 1 and for all attendances. I say bed reductions are inhibiting admissions and certainly in this area closures of Central Middlesex and Hammersmith have sent 95% performance into a nose-dive. And they won't believe the truth.

I wrote to Spencer on 16 September about this internal e-mail and I said "You promised us there will be no closures until alternative arrangements are safely in place. You've not done it, and now within a week of eviscerating the North-West London hospital estate you have overseen a crisis."

He replied, the next day, "There is of course no crisis. Nor was closing the two smallest units in North-West London whilst increasing capacity at the others an evisceration." That was the word Andy Slaughter [MP for Hammersmith] used in Parliament.

PT:
Is increasing capacity what they did?

CS:
I don't know if they did. I just don't see it. Northwick Park was supposed to have a new A&E unit. Dr Spencer was in the *Brent and Kilburn Times* 2 years ago saying it would be there within a year. It has yet to open.

JL:
£20 million pounds invested and they still haven't opened it.

CS:
But it's a new unit. It's got precisely the same number of cubicles as the old one. So what difference is that going to make their ability to handle people? So we've staff handling type 1 patients, still in pain but in nicer surroundings, it seems to me. He also said fluctuations in demand are normal, and I would refer you to the whole business of 417,000 and the 460,000. If you can cope with 460 you can cope with 417.

Dr Spencer also said day cases haven't been affected. Well, in the first quarter of this year Ealing cancelled 22 day cases in the whole of the quarter. The day before he wrote to me, four cases were cancelled at Ealing for no beds, the week after that 22 cases were cancelled for no beds out of 29 in total. So in one quarter 22 in total, the week after he wrote to me saying 'not being affected', 22 no bed daycase cancellations. All cancelled the day before, at 4 o'clock.

RL:
Have you considered the impact of the Better Care Fund?

CS:
No, that's not my remit.

RL:
I just wondered if it would make any difference.

CS:
No, what will make a difference is capacity. A London North-West Hospital spokesman said, 'The challenges we face in A&E are similar to those affecting other trusts in London'. They are not.

A West Middlesex spokesman said 'we've seen an overall increase in demand for our emergency services'. Figure 6 shows the increase for demand at West Middlesex.

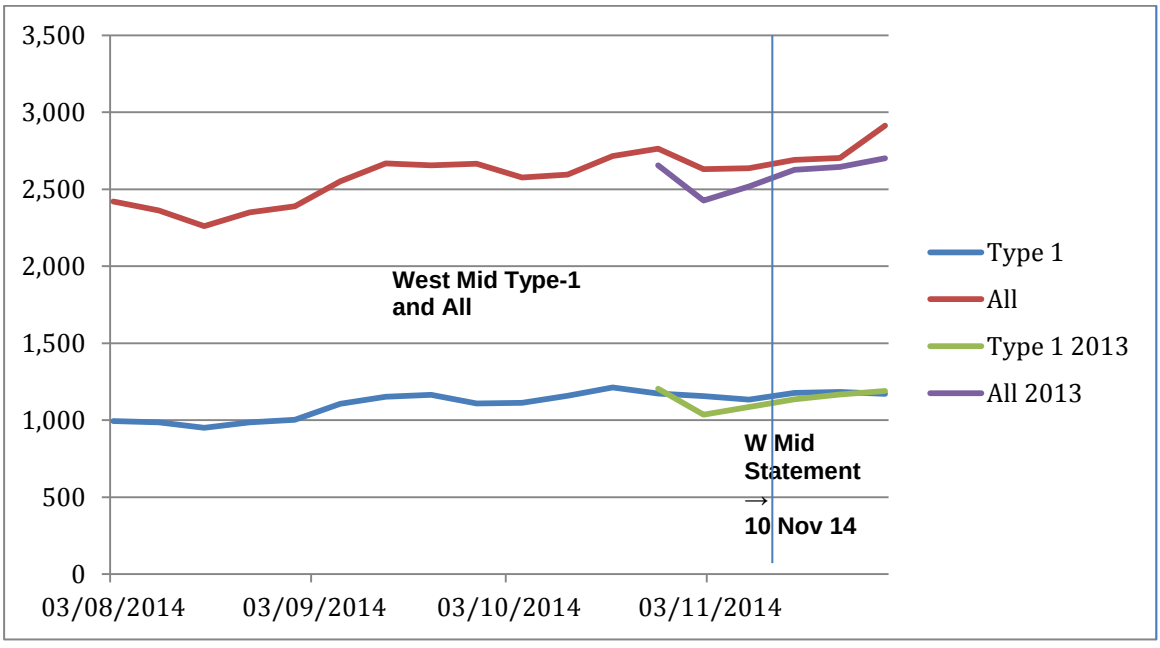


Figure 6

We've seen an overall increase in demand for our emergency services. But we believe this is attributable to a generalised seasonal increase. He also said 'no direct link with the recent local closures have been established'. Can someone show where that seasonal increase is in Figure 6 for West Middlesex? It's not there. They just invent these things to get themselves out of a hole.

If you look at Figure 7, that is the effect of the closures on type 1 waits. The line is where they closed the two hospitals. Clearly North-West London was on a slide before that as things were down to closure at the two A&E units. Since then it has tanked.

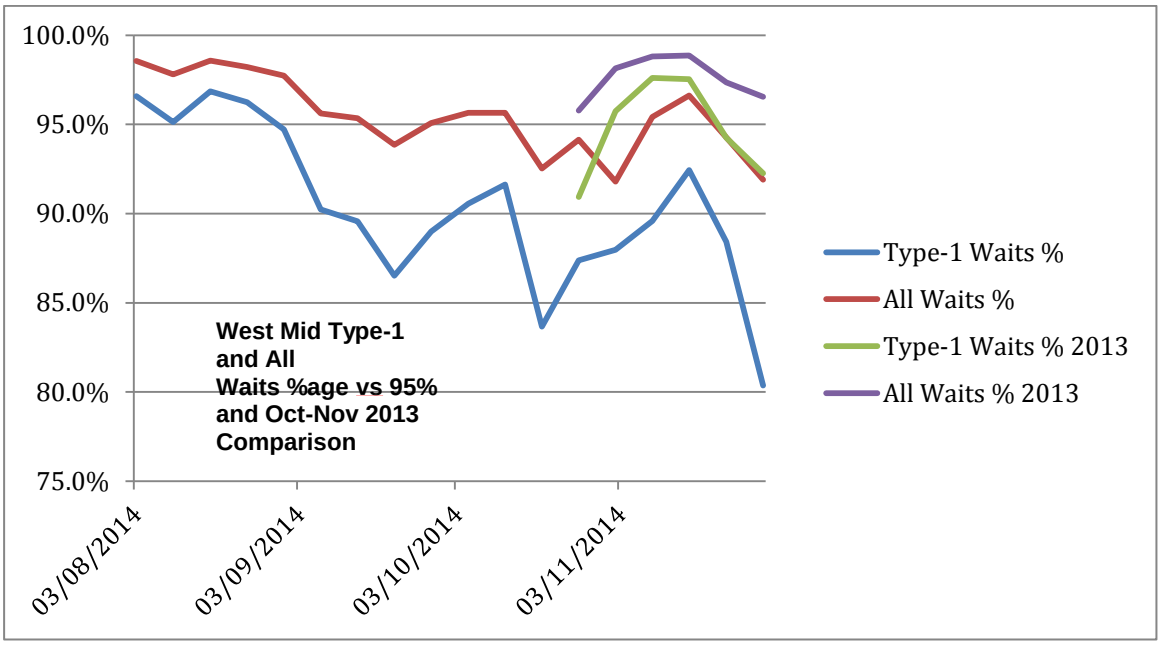
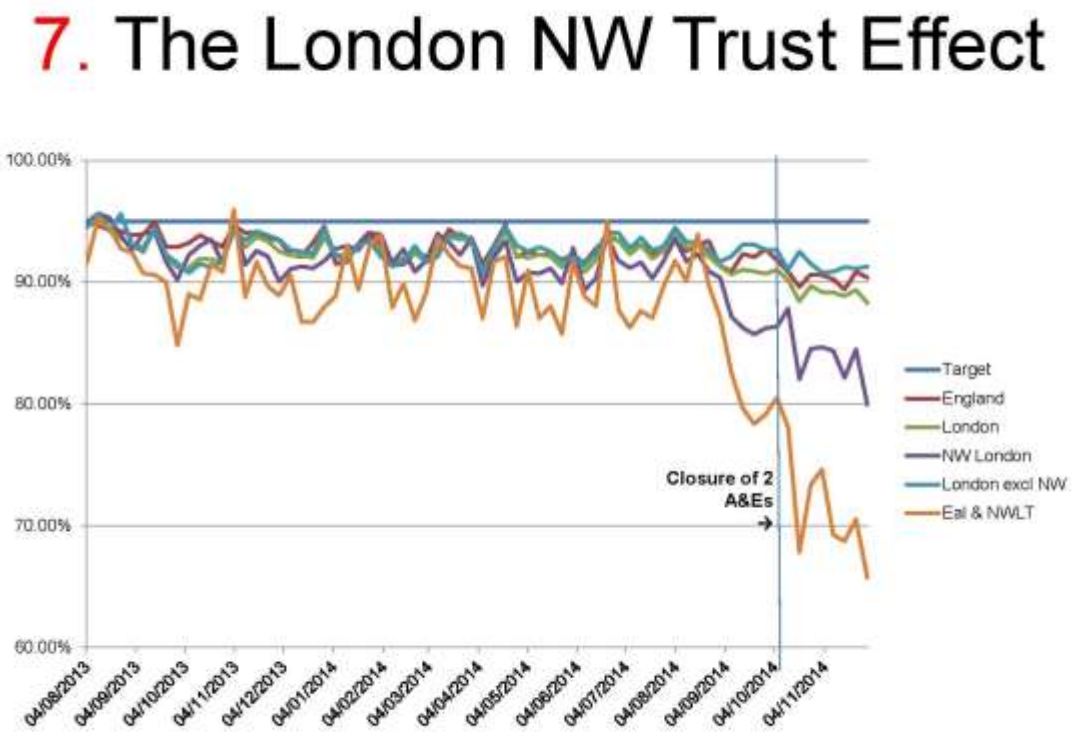
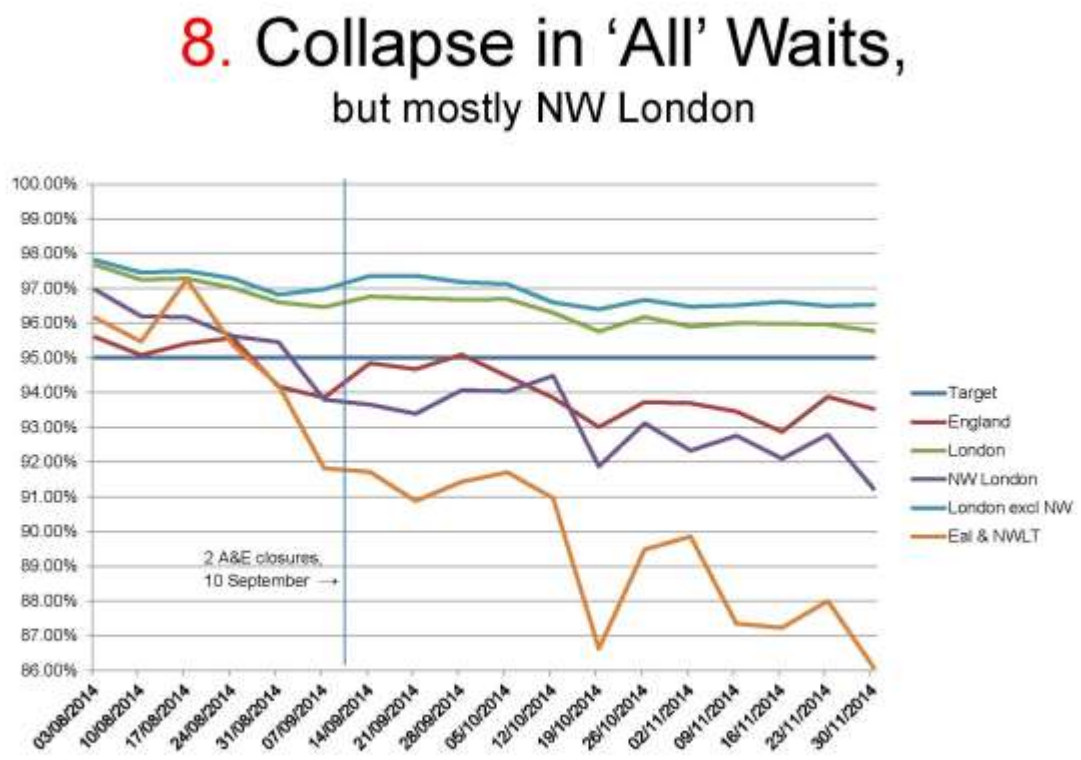


Figure 7

London itself is more or less ok. If you take out the North-West London sector, London is either on or above the trend. Figure 8 shows this.



The blue line at the top is what happens to the whole of London if you take out parts of London that have blessed with Shaping a Healthier Future and the closure of two hospitals. It's actually above the national trend. There you can see the effect of North-West London. It's down well below 70%.



I think that is an obscenity, it should not be allowed to happen. It's an obscenity that's arisen in my view purely because of the closures of the two hospitals. Last week, London North-West was the fourteenth trust for type 1. It struggled like a Trojan, but was still worse than Addenbrookes, MidStaffs, Birmingham Children's Hospital and Sherwood Forest, which have been in the news recently for all manner of reasons. It's down to 65.7% for type 1, that is absolutely unbelievable. There's been a collapse for all waits as well. Type 1 waits is the one I am particularly bothered by. The effect on cancellations, cancellations of elective operations, which they won't tell me. I've had numerous information requests out for cancelled operations, and they have not come through. I've made a complaint.

SR:
For which hospitals?

CS:
All of them. Every single hospital, all of the nine hospitals in North-West London via two of the trusts.

SR:
Can you just say in layman's terms what a type 1 is?

CS:
A type 1 is a major emergency.

LI:
Type 1 is actually a proper A&E with full range of ICU, medicals.

SR:
So it refers to the department, not the patient?

CS:
Yes.

LI:
Type 2 is not an A&E.

RL:
I'm really sorry but we're out of time. Can you give us perhaps a concluding paragraph?

CS:
The concluding paragraph is the unplanned closure of two A&Es with no community or primary replacement, which has caused a collapse in 95% performance, increased waits in A&E, and unspecified deterioration in elective operation cancellations because other than some details I've got from Ealing for September they have not come through, and even more pressure on London Ambulance Service.

RL:
I think that is an extraordinary insight, and thank you so much it.