The People's Inquiry for London's NHS.

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I'm writing as a Consultant in Infectious Diseases and General Internal Medicine. I have concerns about poverty, austerity and Infectious diseases.

I express these concerns at a time of hospital reconfigurations in NW London with the planned closure of 4 Emergency departments. These closures come at a time of unprecedented political interference with the NHS, following from the 2008 Global economic crisis.

I will begin by illustrating my concerns with lessons from overseas.

Lessons from overseas

In the United States from 1998 to 2008 the total number of emergency departments declined 3.3% from 4771 to 4613. In this same period, ED visits increased by 30%. Hsia et al found a higher risk of emergency department closure for departments that serve communities of uninsured patients, patients in poverty and ethnic minorities (1). The concept of a "safety net hospital" is described as a hospital that organizes and delivers a significant level of health care and other related services to uninsured, Medicaid and other vulnerable patients. EDs at safety net hospitals were more likely to be closed than EDs at non-safety net hospitals.

The result was reproduced on a regional level in California; each increase of 0.1 in the proportion of black individuals using an emergency department increased the odds of ED closure by 41%. (2)

In there findings the authors conclude that it is economic and market based approaches to health care that result in the closure of emergency departments in deprived areas and create wider health inequalities.

Taking into account the PFI debts in NWLondon hospitals, changes introduced with the Health and Social Care Act and the ability of foundation trusts to increase private work capacity up to 49% it is apparent that it is market forces that are driving emergency department closures in NWLondon. In figure1 we see how in NWLondon the risk of closure of emergency department is directly proportional to the level of deprivation in the community.

There are further lessons to learn from Greece, I will simplify by quoting directly from the articles:

"Austerity measures lead to reconfigurations resulting in elimination or merging of 370 specialist units, reduction in public hospital beds from 35 000 to 33 000 (and a further 500 beds were designated for priority use by private patients), a freeze on

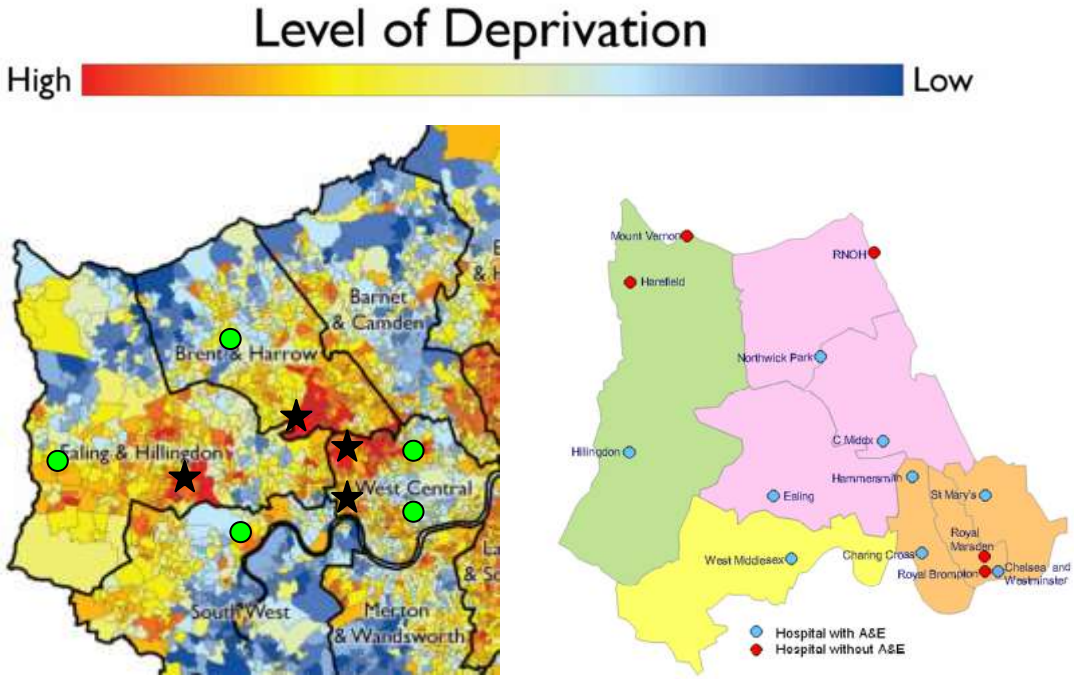
hiring new physicians, and permission for private doctors contracted with the insurance fund to work in public hospitals once weekly."

"The proportion of people in Greece who felt that they needed but did not access medical care rose significantly; long waiting times, travel distance, and waiting to get better were the main reasons given for not seeking care. Such responses are substantiated by reports of 40% cuts to hospital budgets, shortages of staff and medical supplies, and corruption in health care" (3,4)

In Greece there are clear signs that health outcomes have worsened, especially in vulnerable groups with a HIV outbreak in injecting drug users, a 40% rise in suicides between January and May 2011 compared with the same period in 2010. There has also been a rise in homelessness and crime.

It is estimated that the NWLondon reconfiguration will result in a loss of approx 1000 hospital beds; with further planned reconfigurations in London leading to even more bed losses. The Health and Social Care Act would allow doctors in remaining trusts to increase the proportion of private work performed to a far greater level than the Greek scenario.

Figure1 Level of deprivation and risk of Emergency Department closure



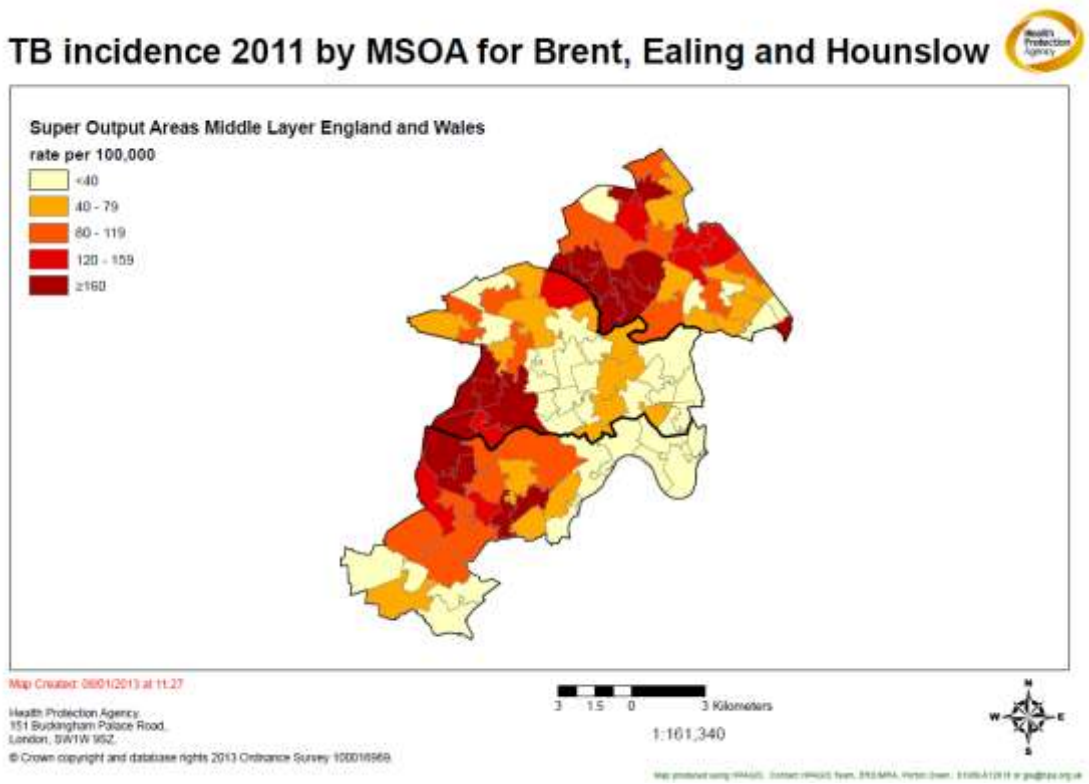
Emergency Department Open

★ Emergency Department Closed

Tuberculosis:

In the most ethnically diverse parts of NWLondon the rate of Tuberculosis (TB) is similar to rates in the 22 WHO high burden countries. The number of TB cases in London is nearly seven times the next highest number in Western European cities. The HPA London TB 2011 report shows hotspots in Brent, Ealing and Hounslow with TB rates >160/100,000, similar to rates in India, Nigeria, and Tanzania. TB is further complicated by issues of stigma, malnutrition and poverty; these are compounded further by risks of substance abuse, mental health and homelessness. One in ten cases of TB in the UK have at least one social risk factor (drug use, alcohol use, homelessness, or imprisonment), leading to increased susceptibility or contact with TB

Currently with the health seeking behaviour of our population 52% of adult TB cases present via the emergency department. Over half (55%) of migrants diagnosed with TB in London are of working and childbearing age (20-39 years), leaving families susceptible to medical poverty traps. Levels of poverty have reached Dickensian magnitudes, with one malnourished TB patient found by St Mungo's outreach workers wrapped in a carpet sleeping under a bush in a park. Welfare reforms are leading to further examples of absolute poverty, with multiple food banks established in Ealing's Religious Institutions.



Deprivation and the Elderly

Income deprivation in Southall has been worsening since 2007 and 58.7% of pensioners in Ealing receive state benefit only. Incapacity and disability allowance has increased in each ward in Ealing since 2008. People of advanced age are the most

vulnerable to the health implications of cold weather and 10.1% of households in Ealing live in fuel poverty with a higher excess winter death index compared to London and England in people over 65.

In July 2013 several media outlets reported on a dramatic rise in deaths among elderly patients in the past year, particularly in deprived areas.

http://www.guardian.co.uk/society/2013/jul/25/labour-investigation-deaths-older-people

"There have been 600 deaths a month more than expected throughout the last year. The rise began at the end of 2011 and has only this month dropped back to the level that would normally be expected.

Over the past 18 months, there have been 23,400 more deaths than expected, which is a 5% increase."

Danny Dorling, Professor of human geography at Sheffield University: "The point is that it does fit austerity. The key is the suddenness of this. If it does drop now and go back to levels that have been normal in recent years, it doesn't look like a cuts thing. But my guess is that the biggest thing will be cuts."

Poverty is shifting from the centre of London to the outskirts yet across London it is in these areas where clinical networks between a Hospital, GPs and Social Care is being dismantled. The needs of the elderly, mental health patients and the disabled are being ignored. Austerity kills and alongside many of my Consultant Colleagues at Ealing Hospital this was a concern we raised.

Expressing medical concerns:

On 11th February 2013, the Consultant body at Ealing Hospital wrote to Jeremy Hunt urging that "The recommendation to downgrade Ealing Hospital to a local hospital with a stand-alone urgent care centre and outpatients with the loss of all its acute services is unsound, based on evidence which is unfounded and on a deeply flawed consultation which chooses to ignore the basic tests said to underpin these reconfigurations. There is no robust alternative provision for acute medical needs, either by other acute providers or in the community. We have grave concerns for the safety of our patients and the impact on their quality of care if these proposals are carried out."

On 30th October 2013 the Secretary of State for Health, Jeremy Hunt announced to the House of Commons that he accepted the advice of the Independent Reconfiguration Panel (IRP) on the 'Shaping a Healthier Future' proposals for NHS reorganisation in North West London "in full".

Mr. Hunt referred to letters he had received supporting the proposals from all eight clinical Commissioning Groups involved and the Medical Directors of nine local NHS Trusts.

Mr. Hunt's decision was influenced by the letter signed by the Medical Directors of the trusts in North West London. The letter states: "We know that providing seven day services will save lives" and goes on to state "delays expose patients to serious risk". *The Telegraph* reported on this letter with the headline "Close A&Es to save lives, doctors urge Jeremy Hunt", while the *BMJ's* headline stated: "Doctors support biggest local reconfiguration in NHS".

Similar assertions were made on the 31st of January 2013 when the Secretary of State for Health initially announced the downgrading of Lewisham A&E department with the assertion that reconfiguration would save 100 lives a year.

As soon as the reconfiguration in NW London was announced it rapidly became a blueprint for the rest of London and the country, with assertions that the NHS was "unsafe and unsustainable". Rapidly clause 118 was being rushed through parliament, eliminating any consultation with the populations most impacted by hospital reconfigurations.

The Medical Staffing Committee of Ealing Hospital has been strongly and publicly opposed to the reconfigurations. It was our experience that when expressing concerns about the lives that would be lost due to austerity, increased distance to an emergency department or overcrowding of emergency departments we were stopped by assertions from NHS NWLondon that this was scaremongering. Doctors in managerial positions, however, were able to lobby politicians and push for rapid reconfigurations on the assertion that lives will be lost.

The magnitude of the injustice which has occurred in NW London epitomises the attack which NHS patients and staff face on a daily basis across London and the rest of the country.

The Francis Forum:

Across the NHS staff are feeling the impact of cuts, whether this be to services, staff levels or entire hospitals. A culture of fear is still paramount, preventing staff from speaking up. Where views are expressed staff are up against a conglomeration of managerial voices that are focused on finances and have the ability to lobby politicians at the eleventh hour to push through agendas.

This ethos in the NHS takes us back to the essence of the Francis report: a culture focused on doing the system's business – not that of the patient.

We have set up the country's first "Francis Forum" at Ealing Hospital. An environment which encourages whistle-blowing as the norm with a focus of putting the patient at the centre of everything we do.

We welcome the People's Inquiry for London's NHS as a similar platform uniting staff, patients and relatives and look forward to reading the outcome of the report.

(1). Hsia RY, Kellermann AL, Shen Y. Factors Associated With Closures of Emergency Departments in the United States. *JAMA.* 2011;305(19):1978-1985. doi:10.1001/jama.2011.620

(2). **Hsia RY, Srebotnak T, Kanzania HK, McCulloch C, Auerbach AD (2012)** System-Level Health Disparities in California Emergency Departments: Minorities and Medicaid Patients Are at Higher Risk of Losing Their Emergency Departments *Annals of Emergency Medicine* Volume 59, Issue 5 , Pages 358-365, May 2012

(3). Financial crisis, austerity, and health in Europe. Lancet 2013; 381: 1323–31. Karanikolos et al

(4). Health effects of financial crisis: Omens of a Greek tragedy Lancet Vol 378 October 22, 2011. Kentikelenis et al