

Submission to People's Inquiry on London Healthcare from Margaret Hodge MP (Barking)

Improving local healthcare for my constituents has been at the forefront of my work in the borough. The quality of the health services in Barking and Dagenham is simply not good enough. Although I have won the battle to create maternity services closer to home with the opening of the birth centre at Barking Hospital, the battle to improve health services is far from over. Changes to vital health services are driven by money and bureaucratic priorities and not by patients' interests. The 'Health for North East London' proposal which has led to the closure of the maternity unit and will lead to the closure of A&E at King George's Hospital in 2015 is completely irrational. We know community based health services are not adequate enough to deal with the increased pressure this will place on them. We know the alternative A&E facilities are already finding it difficult to cope and are facing huge financial challenges. We know that people in Barking and Dagenham are less likely to have a car and that public transport infrastructure is so poor that access to health services will inevitably be constrained. We know that our population is growing at a faster rate than any other community in the country which means we need more health services not less.

GP and primary care services

Quality of primary care services is a major problem. Too many people are turning up at A&E and walk-in centres with primary care type conditions which could be managed by a GP practice. This not only puts extra pressure on A&Es but is also a waste of already scarce resources. This was echoed by Barking and Dagenham Clinical Commissioning Group in their report 'Urgent Care-the case for change'.

My local GP survey found that 1 in 4 of my constituents finds it difficult to get an appointment. People call their GPs for an appointment the next day only to be told that they have to phone back in the morning. When they call back in the morning either they can't get through or they are told there are no more appointments left. 90% of my constituents cannot get an appointment for the same day. These are the people who turn up at walk-in centres and A&Es. The new local GP-led Clinical Commissioning Group tells me they want to encourage people to use their GPs more. However, with only 1 in 2 people getting an appointment within a week there is little evidence to show this is working.

I was horrified this year to discover that 10 surgeries in my constituency were using 084 telephone numbers. Two of my constituents were charged £10 and the other £30 simply using the phone to get an appointment. This is obscene and GPs should not be charging vulnerable people trying to get help. Despite a high profile campaign, there are still practices which only offer an 084 number which may bring profit to the GP but brings hardship to my constituents.

Recently Broad Street walk-in Centre was closed in Dagenham. This is a classic example of local health decisions being taken because of financial cuts and not because of patient need. A consultation document found that 70% of attendances at the centre were during GP opening hours. The closure has not been followed by a creation of new GP surgeries or led to increased opening hours for surgeries. Closing the centre but not dealing with the primary care issues will undoubtedly lead to extra pressure on local A&Es which are already struggling to cope.

Hospitals

We all know the Accident and Emergency services are struggling across the country. The A&E at Queen's hospital has been poor for as long as I can remember. Over the past three years the Care Quality Commission has highlighted over and over again that the quality of care at Queen's hospital is unacceptable. Reports have highlighted a complete lack of compassion and care, with patients waiting for hours without being offered a drink and one patient's underpants being left on the edge of their bed.

Patients are waiting far too long to be seen. This month only 82% of patients were seen, treated and discharged within four hours - a 10% drop from this time last year. Care Quality Commission reports found patients waiting over eight hours on a trolley. Queen's is the only London hospital to miss Government targets for waiting times every month for a year.

Demand for emergency care is among the highest in the country, with over 900 ambulances and around 3000 casualty patients every week at Queen's. The hospital is clearly unable to cope with current demand for A&E. Closing the closest A&E at King George Hospital will place unbearable pressure on Queen's and it's the patients who will suffer.

Staffing across BHRUT is a major concern. A recent BBC investigation found that 43% of positions across Queens and King George were vacant. Finance is a major issue for the trust. So it is deeply concerning that the trust spent £40.3 million on agency staffing last year. In the busiest department A&E, locums make up half of the staff on each shift. Reliance on agency staff affects patients care as they require more advice and assistance from other staff as they are less familiar with the hospitals. We need to find a way of incentivising doctors and nurses to work within Barking and Havering and Redbridge University Trust.

Even before Queen's Hospital opened its door it was burdened with heavy debts made worse by its PFI. Ever since then the debt has grown creating bigger problems for the hospital. In 2011 a Care Quality Commission investigation concluded that the trust's debt was impacting on the care patients received as its managers and chief executives were too busy focusing on deficit reduction rather than the welfare of patients. The Department for Health has provided extra funding for the hospital, but this is a short term fix, not a long term solution.

Re-organisation

I have been fighting the ‘Health for North East London’ proposal for many years. Closing key departments at King George Hospital when demand for these services is so high is simply ludicrous. If the planned closure of A&E goes ahead in 2015 then residents are faced with one A&E closing and their only alternative being a failing A&E department. Furthermore, we all know that when an A&E department closes, the hospital becomes unsustainable. I have no doubt that health bureaucrats are planning the closure of King George Hospital.

These changes are being pushed through at the expense of patient safety. Maternity services in the borough are a big worry of mine. Just recently we have heard the awful story of nurses at Queen’s leaving a baby in a cupboard. For years this unit has been failing mothers and babies. Yet after just six months of encouraging performance at Queen’s maternity unit and one positive Care Quality Commission report, it was announced that the planned closure of King George’s maternity unit would go ahead. Although some alternative provision has opened up at Barking Hospital, it still remains to be seen how permanent the positive changes at Queen’s hospital are. Parents are now being forced to go to other hospitals in London to have their babies. Given the lack of public transport facilities, and the low car ownership figures, it is difficult to see how this ensures equal access to healthcare at the point of need to families living in disadvantaged areas in my constituency.

Queen’s A&E is in a desperate state. The Secretary of State for Health, Jeremy Hunt, and Sir David Nicholson, Chief Executive of NHS England, have confirmed that the A&E department at King George hospital is due to close in 2015. This gives Queen’s and local commissioning groups less than two years to turn around this failing hospital. I have been monitoring the A&E since it opened its doors in 2006 and have seen little improvement, so how will they do this in less than two years?

Closing the A&E at King George is not the answer to the problems with local health services, it will just exacerbate them. We need to sort out accessibility, quality and finances not closing the doors to patients by killing off the hospital.

Healthy Inequality

One of my biggest frustrations is the inequality that exists between inner and outer London hospitals. There is a plethora of high quality teaching hospitals with excellent specialist staff in Inner London which is not true of outer London. We need to put the interests of patients before the interests of clinicians. There are far more hospitals in Central London than there are in outer London. If you live in inner London your health outcomes are far better than those of outer London. We need to find a way of encouraging these teaching hospitals to team up with outer London hospitals and encourage staff to move from inner to outer London hospitals.