

Healthier Communities Select Committee			
Title	Emergency services review: recommendations	Item	9
Contributor	Overview and Scrutiny Manager		
Class	Part 1 (Open)	Date	4 September 2013

1. Purpose of paper

- 1.1 The Overview and Scrutiny Committee has agreed that its select committees will carry out a review of emergency services in Lewisham. The Healthier Communities Select Committee has been tasked with determining impact of the changes to emergency services in London as they relate to health services in the borough.
- 1.2 At its meeting in March, the Committee requested that officers provide further information about how it might approach this task. A scoping report was considered by Members at their meeting in April and it was agreed that the Committee would carry out the review over two meetings.
- 1.3 In May, the Committee heard from the Operations Manager for Lewisham, of the London Ambulance Service, about the provision of services across the borough and also about a London-wide consultation on the future development of the Trust's services.
- 1.4 In July the Committee heard from the Lewisham Clinical Commissioning Group and Lewisham Healthcare NHS Trust about Hospital Accident and Emergency Provision in Lewisham.

2. Recommendations

The Committee is recommended to:

- discuss and agree any recommendations it wishes to make to the Overview and Scrutiny Committee based on the evidence received.

3. Background

- 3.1 Significant changes are being implemented, or are planned, to the way in which emergency services are delivered across London. This includes the three local emergency services in Lewisham: Metropolitan Police, London Fire Brigade and the London Ambulance Service; and also the provision of accident and emergency services across South-East London.
- 3.2 At its meeting on the 11 February 2013 the Overview and Scrutiny Committee considered a scoping report, which set out the terms of reference for a review into emergency services in Lewisham. At the meeting, it was decided that the

review would be co-ordinated across all select committees. Members of the O&S Committee considered the proposed terms of reference and they agreed that the review would aim to:

- clarify the key policy initiatives and financial constraints impacting on emergency services locally
- identify the local implications for services
- consider the potential impact of any service changes

3.3 As part of the review, the Overview and Scrutiny Committee resolved that the Healthier Communities Select Committee would:

- clarify the policy initiatives and financial circumstances impacting on the London Ambulance Service (LAS) and Accident and Emergency (A&E) provision in Lewisham
- identify the related impact on services and performance locally
- consider the potential impact of any service changes

3.4 The Healthier Committee agreed that its contribution to the emergency services review would focus on:

- Perception of the proposed changes
- Response times
- Partnership working
- Travel
- Potential future implications of the proposed changes

3.5 The Committee agreed the following recommendation be put forward for inclusion in the report of the Emergency services review:

- That it is noted that there continues to be huge pressure on the Accident & Emergency Department at Lewisham Hospital.

4. Key lines of enquiry

4.1 The scoping paper considered by the Committee in May suggested that these key questions could be asked as part of the review:

Perception

- How will people be reassured that they will continue to be safely treated at the most appropriate location?
- How will information about potential service changes be effectively communicated to people?
- How is information about the appropriate place to go to for healthcare needs effectively distributed and communicated?
- How will perception of proposed changes be effectively dealt with?
- How will the maternity proposals impact on emergency provision in relation to maternity circumstances
- Will the emergency maternity changes impact on routine ante natal care and patient choices in relation to ante natal care

Response

- Has modelling been carried out on patient flows and patient numbers across Lewisham A&E and other South East London A&Es to map expected service usage over coming years?
- Do neighbouring A&E services have the capacity to take on a potential increased number of patients from Lewisham?
- Could the proposed changes have a negative impact on A&E services across South East London, and particularly at neighbouring hospitals?
- Could the proposed changes have a negative impact in relation to maternity services provision across South East London?
- How might increased travelling to A&Es out of the borough impact on the LAS response times ?
- How are LAS responding to the proposed changes to Lewisham Hospital A&E in terms of service planning?

Partnership

- Would there be any impact on effective discharge planning and after care if a greater number of patients are treated outside of the borough in an emergency?
- How will work be undertaken to ensure effective working is developed with a range of hospitals in relation to discharge and ongoing care?
- Will the “outstanding” safeguarding procedures and partnership working currently in place be impacted by changes to the Lewisham hospital A&E?
- Will local commissioners be able to effectively influence service design and delivery in emergency care across a number of trusts in a number of neighbouring boroughs?

Travel

- What might be the travel implications for people travelling to A&E under their own steam?
- What would be the impact on traffic and congestion on the roads with people travelling further for services and to visit relatives?

Future

- How will the potential future population increases and demographic changes influence emergency service requirements and provision across the borough?
- Has future population growth been factored into service planning for the future?
- How might the current proposed changes influence the future sustainability of healthcare services at the hospital site and in the borough?

5. The completion of the review

- 5.1 The 4th of September meeting is due to be the last session of the emergency services review.
- 5.2 In order to meet the timescales for the report by the Overview and Scrutiny Committee, Members are asked to consider the summary of evidence gathered to date (appendix 1) and agree recommendations to be submitted to the Overview and Scrutiny Committee.

6. Legal implications

The committee is responsible for fulfilling all the Council's Overview and Scrutiny functions in relation to the provision of service by and performance of health bodies providing services for local people. These functions shall include all powers in relation to health matters given to the Council's Overview and Scrutiny Committee by any legislation but in particular the Health and Social Care Act 2001, the NHS Act 2006 as amended, the Health and Social Care Act 2012 and regulations made under that legislation, and any other legislation in force from time to time.

7. Equalities implications

7.1 The Equality Act 2010 brought together all previous equality legislation in England, Scotland and Wales. The Act included a new public sector equality duty, replacing the separate duties relating to race, disability and gender equality. The duty came into force on 6 April 2011. It covers the following nine protected characteristics: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

7.2 The Council must, in the exercise of its functions, have due regard to the need to:

- eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act
- advance equality of opportunity between people who share a protected characteristic and those who do not.
- foster good relations between people who share a protected characteristic and those who do not.

7.3 The Council's Comprehensive Equality Scheme (CES) for 2012-16 provides an overarching framework and focus for the Council's work on equalities and helps to ensure compliance with the Equality Act.

7.4 The Council's equality objectives through the CES are to:

- Improve access to services
- Close the gap in outcomes for citizens
- Increase participation and engagement

8. Financial implications

8.1 There are no financial implications arising from the implementation of the recommendations in this report.

If you have any questions about this report please contact Salena Mulhere (Overview and Scrutiny Manager) on 02083143380

Appendix 1: Emergency services review - summary of evidence

Emergency Services Review –Summary of evidence

Key lines of enquiry:

Perception

- How will people be reassured that they will continue to be safely treated at the most appropriate location?
- How will information about potential service changes be effectively communicated to people?
- How is information about the appropriate place to go to for healthcare needs effectively distributed and communicated?
- How will perception of proposed changes be effectively dealt with?
- How will the maternity proposals impact on emergency provision in relation to maternity circumstances
- Will the emergency maternity changes impact on routine ante natal care and patient choices in relation to ante natal care

Response

- Has modelling been carried out on patient flows and patient numbers across Lewisham A&E and other South East London A&Es to map expected service usage over coming years?
- Do neighbouring A&E services have the capacity to take on a potential increased number of patients from Lewisham?
- Could the proposed changes have a negative impact on A&E services across South East London, and particularly at neighbouring hospitals?
- Could the proposed changes have a negative impact in relation to maternity services provision across South East London?
- How might increased travelling to A&Es out of the borough impact on the LAS response times ?
- How are LAS responding to the proposed changes to Lewisham Hospital A&E in terms of service planning?

Partnership

- Would there be any impact on effective discharge planning and after care if a greater number of patients are treated outside of the borough in an emergency?
- How will work be undertaken to ensure effective working is developed with a range of hospitals in relation to discharge and ongoing care?
- Will the “outstanding” safeguarding procedures and partnership working currently in place be impacted by changes to the Lewisham hospital A&E?
- Will local commissioners be able to effectively influence service design and delivery in emergency care across a number of trusts in a number of neighbouring boroughs?

Travel

- What might be the travel implications for people travelling to A&E under their own steam?
- What would be the impact on traffic and congestion on the roads with people travelling further for services and to visit relatives?

Future

- How will the potential future population increases and demographic changes influence emergency service requirements and provision across the borough?
- Has future population growth been factored into service planning for the future?

- How might the current proposed changes influence the future sustainability of healthcare services at the hospital site and in the borough?

Key line of enquiry	Evidence Source	Theme	Evidence	Recommendation?
How will people be reassured that they will continue to be safely treated at the most appropriate location?	LAS, CCG, LHT	<u>Perception of the changes</u>	<p>Lewisham Healthcare Trust has been running a “Business as Usual” campaign to reassure people that services are continuing whilst the contested elements of the change proposals for Lewisham Hospital are dealt with via the courts.</p> <p>Lewisham Hospital is trying to manage the Triage process more effectively to deliver treatment quicker and signpost patients to other services where necessary.</p> <p>There is a GP triage service at the hospital that is been piloted to attempt to signpost patients to the most appropriate non-acute care, or provide them with immediate treatment, where necessary. Evaluation is currently being carried out of the pilot. This will hopefully help to relieve the pressure on A&E and improve pathways to other appropriate services.</p> <p>The pressure on A&E may be related to the lack of access to GPs, but most evidence points towards people not understanding the holistic range of services that are available to them and choosing to access the correct service.</p>	
How will information about potential service changes be effectively communicated to people?	LAS, CCG, LHT		Lewisham Healthcare Trust has been running a “Business as Usual” campaign to reassure people that services are continuing whilst the contested elements of the change proposals for Lewisham Hospital are dealt with via the courts.	
How is information about the appropriate place to go to for healthcare needs effectively distributed and communicated?	LAS, CCG, LHT		<p>A key improvement on demand in acute emergency care would be seen if the public were better supported to access services more appropriately to their needs, rather than going to A&E/calling an ambulance for a matter that should be treated via primary care or urgent care.</p> <p>Lewisham has taken part in the National “Choose Well”</p>	

		<p>campaign in recent years to encourage people to make appropriate choices in accessing out of hours/emergency care</p> <p>Lewisham CCG has a key role in ensuring that appropriate community based urgent care services are available to meet demand to assist in more appropriate healthcare being accessed, as well as working jointly with partners like Lewisham Council on integration between health and social care services to support people on discharge from hospital, More encouragement and information is needed so that the public use the most appropriate services rather than always going to A&E.</p> <p>More public education on Norovirus is needed within the local community so sufferers can self-manage the illness and not come to GP surgeries or A&E and cause additional problems leading to the isolation of beds and/or the closure of wards.</p> <p>There is a triage process in the LAS control room and is very robust and work is underway to try and open up more appropriate care pathway options for LAS staff like calling a community team to provide assistance and assurance – this approach will be further developed as a result of the consultation.</p> <p>A lot of work across health providers and commissioners has gone into advertising and educating people as to when to call an ambulance and when to seek an alternative route to health care, dependent on their needs – however people have different personal views about what is urgent and an emergency, as well as having differing pain thresholds – the key is to continue to educate people about services and appropriate healthcare choices</p>	
How will perception of proposed changes be effectively dealt with?	LAS, CCG, LHT	Lewisham Healthcare Trust has been running a “Business as Usual” campaign to reassure people that services are continuing whilst the contested elements of the change	

			<p>proposals for Lewisham Hospital are dealt with via the courts.</p> <p>Lewisham CCG has a key role in ensuring that appropriate community based urgent care services are available to meet demand to assist in more appropriate healthcare being accessed, as well as working jointly with partners like Lewisham Council on integration between health and social care services to support people on discharge from hospital, More encouragement and information is needed so that the public use the most appropriate services rather than always going to A&E.</p> <p>A lot of work across health providers and commissioners has gone into advertising and educating people as to when to call an ambulance and when to seek an alternative route to health care, dependent on their needs – however people have different personal views about what is urgent and an emergency, as well as having differing pain thresholds – the key is to continue to educate people about services and appropriate healthcare choices.</p>	
How will the maternity proposals impact on emergency provision in relation to maternity circumstances	LAS, CCG, LHT			
Will the emergency maternity changes impact on routine ante natal care and patient choices in relation to ante natal care	LAS, CCG, LHT			
Has modelling been carried out on patient flows and patient numbers across Lewisham A&E and other South East London A&Es to map expected service usage over coming years?	LAS, CCG, LHT	<u>Response times</u>	<p>There are a number of initiatives that can improve the patient experience in A&E that are being developed in Lewisham:</p> <ul style="list-style-type: none"> • improvement in patient records accessibility. • more senior medical assessment earlier in the triage process • more joined-up working across the hospital and 	

			<p>with social care and primary care.</p> <p>Mental health activity in Lewisham A&E: during the period December 2012 to 31st March 2013 there were 608 patient arrivals who required specialist referral to the Mental Health Team. Of the 608 arrivals 241 breached the four hour performance standard, or 39.64% of patients.</p>	
Do neighbouring A&E services have the capacity to take on a potential increased number of patients from Lewisham?	LAS, CCG, LHT		<p>There have been 1-2 'diverts' from Lewisham Hospital A&E this winter due to capacity issues, there have been significantly more diverts from Queen Elizabeth Hospital (QEH) in Woolwich and Princess Royal University Hospital (PRU) in Farnborough, with Lewisham Hospital A&E receiving some of these 'diverted' ambulances.</p> <p>During December A&E activity increased by 10%, when compared to the same period 2011/12, in addition the impact of "out of borough" patients attending the department and being admitted had risen significantly</p>	
Could the proposed changes have a negative impact on A&E services across South East London, and particularly at neighbouring hospitals?	LAS, CCG, LHT		<p>There have been 1-2 'diverts' from Lewisham Hospital A&E this winter due to capacity issues, there have been significantly more diverts from Queen Elizabeth Hospital(QEH) in Woolwich and Princess Royal University Hospital (PRU) in Farnborough, with Lewisham Hospital A&E receiving some of these 'diverted' ambulances.</p> <p>There were 22 London Ambulance Service (LAS) notified diverts away from other Trusts to Lewisham for the period December 1st 2012 to April 2013 this is well above the average of 3 diverts, for the period, compared to previous years.</p> <p>LAS local intelligence suggests there were/are multiple 'soft/informal' diverts away from South London Trust through December and January, that may have been as a direct result of 86 step-down beds on the Queen Mary's Sidcup site being closed in November. LAS</p>	

			anecdotally report daily queues to offload developing at QEH Emergency Department and subsequently LAS crews are requested to avoid QEH	
Could the proposed changes have a negative impact in relation to maternity services provision across South East London?	LAS, CCG, LHT			
How might increased travelling to A&Es out of the borough impact on the LAS response times ?	LAS, CCG, LHT		<p>The LAS operations manager would estimate that a journey from Beckenham Hill to Woolwich under blue light would take 7-8 minutes and 12-15 minutes in normal traffic</p> <p>The closure of A&Es is a concern for LAS and they ensure they interact with the processes for planned changes and carry out mapping of the potential impact on their services.</p> <p>Mapping work, on the impact of the changes to Lewisham A&E as a result of the TSA recommendations, is ongoing – when crews take patients to hospitals such as Kings and Woolwich they are then out of the borough when they are “green” to take a call again, but travel time back to the next incident from the hospital location has to be taken into account – discussions with commissioners are ongoing LAS has robust divert policies if A&Es are full and unable to take patients.</p>	
How are LAS responding to the proposed changes to Lewisham Hospital A&E in terms of service planning?	LAS, CCG, LHT		<p>Mapping work, on the impact of the changes to Lewisham A&E as a result of the TSA recommendations, is ongoing – when crews take patients to hospitals such as Kings and Woolwich they are then out of the borough when they are “green” to take a call again, but travel time back to the next incident from the hospital location has to be taken into account – discussions with commissioners are ongoing LAS has robust divert policies if A&Es are full and unable to take patients.</p>	

Would there be any impact on effective discharge planning and after care if a greater number of patients are treated outside of the borough in an emergency?	LAS, CCG, LHT			
How will work be undertaken to ensure effective working is developed with a range of hospitals in relation to discharge and ongoing care?	LAS, CCG, LHT	<u>Partnership working</u>	Mental health activity in Lewisham A&E: during the period December 2012 to 31st March 2013 there were 608 patient arrivals who required specialist referral to the Mental Health Team. Of the 608 arrivals 241 breached the four hour performance standard, or 39.64% of patients.	
Will the "outstanding" safeguarding procedures and partnership working currently in place be impacted by changes to the Lewisham hospital A&E?	LAS, CCG, LHT			
Will local commissioners be able to effectively influence service design and delivery in emergency care across a number of trusts in a number of neighbouring boroughs?	LAS, CCG, LHT		Delays in transfer of care for patients requiring continuing and end of life care within the borough of Lewisham remains a challenge which is being jointly addressed on a daily basis via robust networks with Social Care colleagues. A 50 bed nursing home permanently closed in December 2012, and St Christopher's hospice (48 beds) has temporarily closed with reprovision of 14-16 beds at Lewisham Hospital.	
Non emergency travel was covered by the Sustainable Development Select Committee		<u>Travel</u>		
How will the potential future population increases and demographic changes influence emergency service requirements and provision across the borough?	LAS, CCG, LHT	<u>Future implications</u>	<p>The LAS recently received £14.8 million of extra funding, £7.8 million of which is for this year to enable the recruitment of 240 more frontline staff to deal with the increased demand for services.</p> <p>The additional funding has been provided because demand for the service has increased every year for the last 10 years, by 6.4% last year with an increase of 12.2% life threatening</p>	

			(category A) calls.	
Has future population growth been factored into service planning for the future?	LAS, CCG, LHT			