

FIT FOR THE FUTURE - FREQUENTLY ASKED QUESTIONS

What's wrong with carrying on as things are?

The NHS is making care closer to home a priority in response to the government White Paper (*Our Health Our Care Our Say*) and is working on different ways of delivering health and social care outside hospital, either in people's homes or in the community. All NHS organisations clearly have to make sure that services are affordable and deliver value for public money. Currently, the outer North East London health economy faces a serious financial deficit overall, with half of the seven organisations facing a potential deficit in 2006/07.

Developments in new technology and patient expectations are driving the need for change. These, together with the opening of the new Queen's Hospital in Romford in December 2006, offer an opportunity to review health services and facilities across the local health economy in outer North East London.

New technology is enabling more and more operations to be carried out, as a matter of routine, as day cases, without the need for overnight stays in hospital. For example, gall bladder removal can now be carried out by keyhole surgery, using a laparoscope. Certain eye surgery, such as cataract operations and corrections of squints can also be carried out as day surgery. Both Whipps Cross University Hospital Trust and Barking, Havering and Redbridge Hospitals Trust already perform the great majority of such eye surgery on a day case basis.

The seven local NHS organisations are working together to ensure that patients receive the best care in the most suitable place at the best value for taxpayers. This work is taking place within the context of a London-wide review of health strategy being undertaken by NHS London (the new strategic health authority for London).

The NHS Plan was for 10 years, but each year yet another change is being faced by patients and staff. Isn't this costly and disruptive as the major changes already implemented haven't had time to be embedded?

While the NHS Plan (published in July 2000) set out the 10-year strategic framework for the health service, it is clearly necessary for NHS organisations to adapt to changing circumstances and developments. One of the clearest messages from the government consultation in the development of the White Paper (*Our Health Our Care Our Say*) was that the public wanted health and social care to be built around its specific needs with easier access to services. As a result of clinical and technological advances, many of these services can now be provided in the community. These services could include minor operations, such as varicose vein and hernia repairs; diagnostic tests, including hearing checks; and care which would enable people to leave hospital earlier and return to their own homes.

The local response to *Our Health Our Care Our Say* is integral to the Fit for the Future programme.

With increases in population in the Thames Gateway, won't we need more rather than fewer hospital beds?

In anticipation of the significant local population increase, the health economy across North East London has been working for some time with other public services and partners to ensure the development of sustainable communities in the Thames Gateway area. This work includes an assessment of the impact of the population growth on local health services which has been taken into account when planning for the future.

In the changing environment in the NHS, taking advantage of new technologies and the changing role of healthcare professionals, the number of hospital beds does not necessarily equate to the best quality of care; our key responsibility is to ensure that we meet patients' expectations for the best care in the most suitable place for their particular circumstances.

Will Fit for the Future result in a reduction in numbers of hospital beds across the area? What services will be closed? Does this mean my local hospital will close?

It is important to be clear that no such decisions have yet been made as part of the Fit for the Future programme. On the contrary, we are currently working with local stakeholders, including patient groups, staff and voluntary organisations, to develop options for any changes to local NHS services. An example of the way in which we are working with local stakeholders is the series of workshops being held to identify, test and score options against a set of criteria (both non-financial and financial). These workshops bring together representatives of local patient groups, voluntary organisations with NHS clinicians and managers. The views of local MPs and Health Overview and Scrutiny Committees will also be played into the development of options.

At the end of this period of engagement, the preferred option(s) will go out to formal public consultation (subject to agreement to proceed by NHS London). Depending on the final decision on changes to the configuration of health services following public consultation, some services or parts of one or more hospitals may close, being replaced in the community where appropriate.

Will mental health beds be cut and, if so, does this mean more patients will be treated in the community?

We know that the great majority of people who are mentally ill get better faster when they are cared for in the community, with the support of their friends and family and so our focus is on strengthening community mental health services through greater investment over time. However, there will always be a need to treat people who are in acute phases of illness in a limited number of inpatient beds.

In Waltham Forest, the primary care and mental health care trusts are considering some interim measures to improve mental health services which may result in a very small reduction in mental health beds (no more than five).

What will happen to any buildings that are closed?

If any buildings were to be closed as a result of the Fit for the Future programme, our priority would be to reuse them within the local NHS where a need is identified and if they had the potential to be reused. Otherwise they will be declared surplus. This means that they would be offered first to the wider NHS, then to other public sector organisations and only if they could not be re-used by these organisations would they be placed on the open market. Any proceeds from the sale of buildings would be retained within the NHS and business cases could be submitted for the use of the sale proceeds for new capital developments locally.

Is this all about cutting costs?

The over-riding rationale for the review of health services and facilities currently being undertaken across outer North East London is the effective delivery of the best care for patients in settings most suitable for their particular needs. We cannot continue to concentrate investment in hospitals when we need to build up services in the community. At the same time it is clearly the responsibility of the local NHS to ensure efficient use of public money. The outer North East London health economy currently faces a significant financial deficit overall, with half of the seven organisations facing a potential deficit in 2006/07. Any changes proposed under the Fit for the Future review will need to ensure long-term financial balance.

How much money will be saved by making changes?

All options for proposed changes will be assessed for their financial impact. This will be an integral component in deciding the preferred option(s). No decisions have yet been taken as to the preferred options. At the point at which these go out to formal consultation, clear information on the costs and savings for each option will be given in the consultation document. This document will be available in hard copy and on the websites of the relevant local NHS organisations.

Is this a way of further privatising the NHS?

No. Fit for the Future aims to modernise the NHS in outer North East London, improving the quality and suitability of local health facilities and services. In order to do so, we will continue to work with a range of healthcare providers – including the independent sector – to ensure high quality healthcare for the residents of outer North East London and beyond. This healthcare will remain free at the point of care.

Will I have to wait longer?

All the trusts in outer North East London are currently meeting the national waiting targets. They will continue to be responsible for meeting targets set by Government whatever changes take place following public consultation.

Will I have a choice about which hospital I can go to?

All patients, when referred by their GP to hospital consultants, are currently given a choice of at least four hospitals. This will remain the same in the event of any changes following public consultation. In 2008, patients will have the right to choose from any provider, as long as they meet clear NHS standards and are able to do so within the national maximum price that the NHS will pay for the treatment that patients need.

Are you going to provide more services at home and/or at GP surgeries?

Yes. For example, more nursing care at home would enable patients to leave hospital more quickly with the right health and social care support. Increasingly primary care centres are providing a range of diagnostic services, such as scans and x-rays, which have previously been provided in hospitals, and patients will be able to see health care professionals in primary care settings. Our overriding aim is to ensure the highest clinical standards in settings convenient for patients. Of course, where a patient requires specialist treatment which can only be provided in a hospital they will continue to receive this.

If I want to give my views on the proposed changes, how do I do this?

We are anxious to work with local people and other stakeholders on the design of future health services in outer North East London. We are happy to attend community group meetings to update you on progress and to discuss how we might work with you on any proposed changes. Please contact Wendy Natale (wendy.natale@wf-pct.nhs.uk or 020 8430 7406) if you would like to arrange a suitable date and time.

During formal public consultation, information on how to give your views will be widely available, including in the consultation document and on a Fit for the Future website (details to be given nearer the time). These will include:

- attending an open public meeting. There will be at least one in each borough.
- giving your comments online or in writing (contact details will be given nearer the time)

If local people don't want this to happen, will you leave things as they are?

We want to ensure that more of the services which do not need to be provided in a hospital setting are provided locally, so there will be change.

Clinical advances mean that changes to the way in which hospitals work is inevitable. An example of such a change is the new 24-hour emergency heart attack centre which opened in East London in April 2006. This specialist centre is the biggest of its kind in the country, serving almost two million people from the whole of North East London.

Once at the heart attack centre, suitable patients undergo an angioplasty¹. This is now the treatment of choice. The procedure normally takes about 40 minutes, is carried out under local anaesthetic and has been shown to save lives. In one study, 97% of patients survived their heart attack as compared to 88% of patients treated with the blood clot-busting treatment which had been the treatment of choice until very recently. Emergency angioplasty patients also spend less time recovering in hospital – 3.5 days compared with 8.4 days following thrombolysis.

We also know that more than half of people attending A&E do not really need to do so, but are unable to get access to the services they need at a time convenient to them. In order to deliver more services in community settings, closer to home and given that the current financial position of the local health economy is not sustainable, it is likely that changes will need to be made to the present configuration of health services and facilities in outer North East London. At the same time, we are working with local people and other stakeholders on the future shape of health services across the area. The wide range of different views from across outer North East London and beyond will be fully represented in any proposed changes.

Will taking part in the consultation actually make a difference or has the decision already been made?

No decisions have yet been made as part of the Fit for the Future programme. We would strongly encourage local people and other stakeholders to work with us to develop options for changes to local health services. We are committed to providing better services closer to home tailored to patients' particular needs. In order to do this, we clearly need to listen to and work with local residents.

¹ Angioplasty is a minimally invasive procedure for dealing with an obstruction in a blood vessel, usually by passing a guidewire and balloon catheter through the vessel, then inflating the balloon to force the vessel to expand.

How much will the formal public consultation cost?

Details of the costs of formal public consultation will be made available as soon as these are finalised.

Wouldn't it be better to invest the money being spent on this consultation in patient care?

Under the Health and Social Care Act 2001 organisations responsible for the provision of health services have a duty to ensure both stakeholder involvement in the design and prioritisation of options and formal public consultation on significant changes to services.

It is clearly important that this work is carried out in an effective and professional manner. The cost of consultation is, therefore, a long-term investment in improving patient care, modernising services and ensuring sustainable financial viability across the local NHS.

Will Fit for the Future result in a lot of job losses and/or compulsory redundancies?

The level of any job losses is directly dependent on the specific changes proposed. Each of the seven organisations is committed to keeping any compulsory redundancies to an absolute minimum. Each local organisation will provide details of any job losses or redundancies should these be necessary and as soon as they are available, following consultation with staff.

Will I have to travel further to get to an A&E Department?

No decisions have yet been made about which services will be provided in which locations. One of the criteria against which the options are being considered is ease of access. As well as considering how easy it is for patients to get to various sites (on public transport and by car) we are working with stakeholders to consider in detail the effect of any changes on hospital non-emergency and ambulance transport.

If I have to travel to another hospital, will there be enough car parking so I can drive there?

Car parking is limited at all hospital sites and is likely to remain so in line with local authorities' green transport policies. The number of car parking spaces is determined by local authorities, with whom the NHS is working closely on this review.

Will I have to pay to park?

There are generally costs for parking at any hospital site. The money raised goes directly to patient care. Details about parking at particular sites are available at relevant trust and PCT websites or by contacting the Patient Advice and Liaison Service at the relevant organisation.

Bus fares are rising to £2 a journey in January. If I have to travel further, will there be extra direct public transport so that all sites are accessible with only one bus journey?

All sites are currently served by a number of different buses. Bus routes are determined by Transport for London and we are working with them to determine the implications for any proposed changes on public transport. It is possible that bus routes could be altered to take account of any such changes.

If it costs me more to get to another hospital, will I be able to claim my additional travel expenses back?

The NHS operates a scheme called the Hospital Travel Costs Scheme, which reimburses patients on low incomes for the cost of travelling to hospital. Information about the scheme is available from your local hospital, and you can also speak to someone from the Patient Advice and Liaison Service if you are still unclear as to whether you qualify. There is also more information on the Department of Health website:

<http://www.dh.gov.uk/assetRoot/04/12/77/39/04127739.pdf>.

If you do not currently qualify under the scheme you are not able to claim back your travel costs to hospital. This will remain unaffected by Fit for the Future.

How will I get treated if I can't afford to travel?

Patients on low incomes, for example, those in receipt of Income Support, are able to claim back the cost of travel to hospital. This national scheme is designed to ensure that people are not prevented from receiving treatment because they are unable to afford the travelling costs.

Much of the rationale for the Fit for the Future review rests on the move to provide NHS services closer to home, so that patients receive the right care in the right place from the right healthcare professional. This is likely to end long trips to large hospitals for many minor procedures; for example, for routine dermatological treatment for conditions such as eczema and psoriasis.

If I am very ill and have to travel further for treatment (for example, chemotherapy) will hospital transport be available to take me?

Yes. Hospital trusts are responsible for providing ambulance transport for those patients considered by a doctor, dentist or midwife to have a medical need for such transport.

If I am discharged from hospital when public transport is either not running or much reduced, will I get help with getting home? I may not be able to afford a taxi.

If you are considered to have a medical need to be taken home, this will be arranged by the hospital. If you are on a low income you might qualify for help under the Hospital Travel Costs Scheme [see previous answers/ link to Department of Health website].

When can I see the proposals?

The short list of current options is available now on the websites of each of the seven organisations involved in Fit for the Future or by ringing 020 8532 6244. This information will be updated on a regular basis. Formal consultation is currently scheduled to take place in the New Year and details of the full proposal(s) will be available in the consultation document. This document will be available by post and online.

When will the consultation take place?

Formal consultation is currently scheduled for the New Year, subject to approval by NHS London (the new strategic health authority for London) within the context of their overarching strategy for the capital's health services. Please check the websites of each of the seven organisations involved in Fit for the Future or ring 020 8532 6244 for the most up to date information about the timetable. Regular progress updates will be available on the websites and are sent out to stakeholders.

Who will make the decision about any changes?

Primary care trusts have the responsibility for planning and commissioning services for the local population and so are responsible for undertaking consultation on any changes to the health services they commission.

The boards of all seven organisations involved in Fit for the Future will consider the responses to the consultation from local people and other stakeholders and aim to reach consensus on the changes proposed. In the event that this is not possible, the final decision following public consultation will be made by the four primary care trusts. If the local Health Overview and Scrutiny Committees are satisfied with the proposed way forward and if NHS London (the new strategic health authority for London) considers that it fits with their overarching strategy for the capital's health services, the changes will be implemented.

If one or more of the local Health Overview and Scrutiny Committees considers that the changes are not in the interests of the health services in the area, they may refer the matter to the Secretary of State for Health. Where a referral has been made, the Secretary of State may ask the Independent Reconfiguration Panel (IRP) to advise on the matter. Only those contested proposals where it is clear that all other options have been exhausted are likely to be considered in detail by the panel. In those cases the IRP may visit the local body and would also consider the report and recommendations from the Health Overview and Scrutiny Committee(s).

When will a decision be made?

The decision will be made as soon as possible after the end of the consultation process. Please check the websites of each of the seven organisations involved in Fit for the Future or ring 020 8532 6244 for the most up to date information about the timetable. Regular progress updates will be available on this website and are sent out to stakeholders.

When would any changes be implemented?

Information as to when any changes would be implemented will be included in the consultation document. This document will be available by post and online.

What happens to equipment donated by charities to a particular hospital?

This will depend on the particular circumstances in which this equipment has been donated. If you are concerned about this, please contact the Patient Advice and Liaison Service in your local hospital.

Will anyone be testing some of the actual journeys that residents will have to make to get to their new treatment centres – both on public transport as well as by road?

Yes. Work is currently underway to assess the impact of potential changes to journeys which patients have to make.

If I have to travel to a hospital well out of my area for treatment or surgery, who will have my notes? Who will help me with any queries if things go wrong?

As is currently the case, notes follow the patient. In the longer term, patient records will be available electronically to the appropriate healthcare professional from anywhere in the country.

Are the hospitals outside the area involved in the deliberations, and are they sure that they can handle the capacity of these changes along with changes in their own patch?

We are working closely with relevant health organisations whose residents may be affected by any changes proposed under Fit for the Future. This work certainly includes assessing any implications on capacity.

Some specialties have staff shortages already. Won't this get worse if staff have to move location and work somewhere else?

It is the responsibility of local health organisations, in conjunction with NHS London and the Department of Health, to ensure that the right staff with the necessary skills are providing good, local, accessible services which meet people's needs.

Are doctors and nurses in favour of these sorts of changes?

It is clearly crucial for any proposed changes to be clinically appropriate and safe. As part of the review, a clinical reference group is testing all options. This group consists of clinical representatives from each of the seven organisations involved in Fit for the Future.

To date, two options have already been excluded on the grounds of clinical suitability.

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