Health Committee meeting

Accident and Emergency Care in London

Introduction
The London Assembly’s Health Committee will be using its December meeting to receive an update on issues relating to accident and emergency care in London. This work follows on from the Committee’s earlier reviews of Accident and Emergency Provision in London in the autumn of 2013 and January 2015.

Scope of the review
The Committee will examine the current pressures facing A&E services in London, and examine how to maintain equality of access to A&E services in London within the context of the wider strain on urgent and emergency care across the NHS. The meeting will receive updates on service availability across London, updates on how effectively winter planning has been implemented, and workforce issues. The committee will also seek to determine the impact of A&E reconfiguration on particular groups or geographic locations.

Background

Winter pressures
Demand for A&E services remains high. It is now generally expected that A&E services will face extreme pressures in the winter months, even though overall attendances at A&E in London do not show significant seasonal variation. The Committee has previously looked into the pressures facing London’s A&E services through additional attendances caused by seasonal variations, including increases in alcohol-related injury. However, it is becoming clear that winter pressures in A&E are symptomatic of wider systemic problems across urgent and emergency care. This includes, at one end, issues such as the ongoing difficulty in accessing GP services and preventing ‘unnecessary’ attendances at A&E, and at the other, pressures on social care services that delay discharge from hospital, particularly for vulnerable patients.

Demographics of A&E use
While there has been some analysis of the growing use of A&E services by older people, there is comparatively little public information on the extent to which A&E use varies for other demographic groups. However, the Committee’s previous work on other health services, including GPs and mental health services, has indicated that some people may ‘default’ to using A&E because they have limited access to alternative urgent and emergency care. The Committee will also seek to examine whether certain groups face particular inequality of access to A&E and other urgent care services.

A&E reconfiguration
A number of London A&E departments have been closed or earmarked for closure, under plans to reduce costs and concentrate specialist services into fewer sites. Local opposition to A&E department closures remains fierce. Patient representatives have voiced concerns that closing local services leads to longer waiting times at remaining services, increased confusion and anxiety for patients, and additional issues including isolation from services and hospital transport.
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*Shaping a Healthier Future* (SaHF) is the programme to reshape hospital and out of hospital health and care services in North West London. As part of this programme, the A&E departments at Hammersmith and Central Middlesex hospitals closed in September 2014. A&E services at Ealing and Charing Cross remain under review. Supporters of the programme argue that there are benefits in consolidating some services including A&E because of the scarce resources in the NHS and because evidence suggests that where a hospital treats more patients with high risk or specialist conditions the patients have better outcomes. Critics of the closures have argued that patients now experience increased waiting times and poorer care.

**Reconfiguring urgent care**

The Kings Fund has suggested that developing an integrated approach to urgent and emergency care should be a key priority for commissioners. They believe that making the urgent care system easier for patients to use would substantially improve their experiences. This view is shared by a number of other stakeholders who believe that patients are considerably confused by existing options. In January 2013 NHS Medical Director Professor Sir Bruce Keogh announced a comprehensive review of the NHS urgent and emergency care system in England. 97% of respondents to the NHS consultation felt that the current system needed to change.

NHS London has recently published its plans to implement a new urgent and emergency care vision in London, focusing on the need to develop consistent, co-ordinated and integrated urgent care, and to improve patient understanding of, and confidence in, urgent and emergency care. In April 2015 NHS England invited expressions of interest from organisations and partnerships to become vanguard sites for new care models focusing on urgent and emergency care. Barking and Dagenham, Havering and Redbridge System Resilience Group (SRG) was selected as one of the eight ‘vanguard’ sites selected to trial new care models.

The Royal College of Emergency Medicine has called for reforms that go ‘Beyond Keogh’. These changes include making A&E the ‘hub’ for all out-of-hours urgent and emergency care, co-locating other services with the emergency department. They believe this approach reflects the strong A&E ‘brand’, which patients know and trust. They have also called for measures that will improve the recruitment and retention of A&E staff.

**Workforce issues**

Since 2013, Health Education England and the Royal College of Emergency Medicine have been working together to address workforce shortages in emergency medicine. However, staffing issues remain a concern. While Monitor’s recent analysis concluded that this did not contribute to the longer waits experienced last winter, staff shortages

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add to the pressures on those in post, damaging morale, increasing the use of temporary staff, and exacerbating recruitment difficulties.

Questions for the review

During the meeting the Health Committee will seek to answer the following questions:

- What are the main challenges for London’s A&E services this winter? To what extent have these been prepared for?
- What additional challenges (if any) are being faced by A&E services this year?
- How are staffing issues affecting A&E services in London?
- What are the demographics of A&E use in London? How have these patients been affected by changes to A&E provision? Have particular groups or locations been more affected?
- What progress has been made in developing new models of urgent care in London?
- How the Mayor can support efforts to reduce pressures on A&E and ensure equality of access is maintained?

Possible guests and methodology

The Committee will hold one public meeting with invited stakeholders, including:

NHS England (London)
Royal College of Emergency Medicine
Patient representatives
Representative from London CCG
A London Hospital Trust