Wanstead & Snaresbrook Residents' Alliance

REDBRIDGE HEALTH SCRUTINY COMMITTEE TAKES ACTION

OVER WANSTEAD HOSPITAL

At an Extraordinary Health Scrutiny Committee meeting on Monday 19th October, Councillors voted unanimously to do all within their power to stop the threatened closure of the two intermediate care wards at Wanstead Hospital.

Background

Since 2010 local healthcare bureaucracies have wanted to close the two wards, Heronwood and Galleon, where are purpose built for intermediate [rehabilitation] care. In May 2013 the Care Quality Commission awarded Heronwood and Galleon a Centre of Excellence rating for the care which they provide.

Sixteen months since the body of Redbridge GPs, who decide which local health services we receive and pay for them - the Redbridge Clinical Commissioning Group, announced that they had decided to close the Wards, they still had no firm plan regarding the relocation of these intermediate care services to King George Hospital [KGH] in Goodmayes.

The latest plan, shown on 7 October, is a temporary one – to have twenty intermediate care beds put in Japonica Ward on the first floor of King George Hospital, some time in December. A small gym will be created in one space and a small room made into a dining room. Other facilities which the intermediate care providers [NELFT] told Redbridge Healthwatch would be provided including communal areas, a kitchen assessment area, family areas and an assessment kitchen are absent from the plan. Importantly it will not have easy access to outside areas, which is an important factor in rehabilitation and there is no guarantee that the Ward will not be used to house winter pressure beds. The final plan will not be revealed until May 2016, when originally it was announced that the service would transfer in September 2015.

WaSRA is an alliance of the following organisations committed to the protection of Wanstead and Snaresbrook

THE CARLTON TERRACE RESIDENTS' ASSOCIATION

The Counties Residents' Association

www.countiesresidentsassociation.org.uk

THE WANSTEAD SOCIETY

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Redbridge Healthwatch

Cathy Turland, Chief Executive of Redbridge Healthwatch said that they had major concerns about the arrangements to be made at KGH and was disappointed that Redbridge Councillors had not been given the opportunity to discuss the findings of the Enter and View report before now. Furthermore, they had not been included in the planning stages as promised and felt that using the assessment of one unaccredited patient to consult was not adequate.

NELFT and BHRUT

John Brouder, Chief Executive of NELFT pointed out the excellent record of the Trust and stressed the importance of people being able to be treated at home. Matthew Hopkins, Chief Executive of BHRUT said that the current [poor] performance of KGH ought not to colour people's views on intermediate care services there. It was due to unforeseen circumstances that they were not able to provide definite accommodation for a few months.

Public participation

Residents raised the following points:

- The consultation exercise was flawed and inadequate with leading questions.
- There is a misconception that any money raised from selling the Wanstead Hospital site will be given to King George Hospital. The land is owned by NHS Property Services and part of a national pot.
- Why rush to close well run hospital beds as the extra beds needed for winter pressures would soon be needed? Last year BHRUT admitted it had insufficient beds into which patients in ambulances could be offloaded.
- KGH has still failed to come out of special measures and a miscalculation has caused a backlog at BHRUT of 98,000 patients, which has to be rectified in eighteen months.

Their latest board papers reveal that they have announced that they are unable to meet the benchmarks of key safety indicators such as A+E waiting times, MRSA and 12 hour trolley waits, while staff turnover is increasing….. not the time to move extra services in KGH.

- When Redbridge Council referred the issue to the Secretary of State [SoS] in January 2015, why was his request for information in his letter of 4 February on why a referral was needed, not sent?
- Officers were criticised for not being competent enough to be able to provide evidence for the SoS which was easily available from a number of sources, which lost eight valuable months in which to have this plan stopped.
- Care at home is to be supported but the work of Community Teams is not a panacea – many patients are unable to cope at home, even with regular daily visits from medical staff. These are the most vulnerable patients who are being let down.
- There are two separate types of patient in intermediate care. The average treatment period given to patients by the community treatment teams is 3 days, the average length of stay in a hospital is 21 days, showing that their needs are much greater.
- The community treatment teams do not operate between 10:00 pm ad 8:00 am – if medical assistance is needed, the already overstretched A+E system has to be used.

HSC Committee Councillors

Councillors raised the following points:

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- Cllr Nolan said that it was not good to have patient care being moved from a Centre of Excellence to a hospital in special measures. How can people be sure that the KGH care will have the best facilities?

- When asked why Foxglove ward at KGH was being used as an intermediate care ward when Healthwatch regarded it as unsuitable for this use, Carol White of NELFT replied that they had to act swiftly following the emergency closure of St George's Hospital in Hornchurch. When asked when this happened, the answer was October 2012, which raises the questions as to why nothing has been done about this.

- Cllr Bain asked why Heronwood and Galleon wards had been allowed to go down in standard so much from Centre of Excellence to be unsustainable in future – was this because they were so keen to centralise the service? NELFT did admit that they had been running the service down – there was a staff shortage but it was pointed out that well over a year ago staff had been told that the hospital would be closed, so loss of staff was inevitable.

- Cllr Zammett asked how many of the 20,000 intermediate care patients which NELFT were treating were being treated in hospital and how many at home. John Brouder said that the number treated at home was significant but Cllr Zammett doubted that 20,000 was most uncertain.

- Cllr Zammett asked Matthew Hopkins how he could be sure that bed occupancy had fallen due to the work of the community treatment teams. The undertakings on consultation and service provision failed to materialise in summer and failed to meet their commitment to Healthwatch and the reasonable expectations of the Councillors and residents. People expected firm plans and certainty: instead they got continual uncertainty.

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- Cllr Bain moved a motion to add the following four items to the Committee's recommendations:

2.2 Refers the transfer to the Secretary of State on the grounds of inadequate consultation and not being in the best long-term interests of patients.

2.3 Asks Monitor/Trust Development Authority to review the decision making process and obtain guarantees about the future and standard of care of long term provision.

2.4 Ask NHS England to explain their role in the process and also to give guarantees about the future and standard of long term provision.

2.5 Asks officers to produce a full analysis and commentary on the Decision Making Business Case before the next HSC meeting.

The motion was carried with unanimous support from fellow Committee Members.