

# Sustaining Safe and Compassionate Care: the next ten years



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Barts Health NHS Trust  
Newham CCG  
Tower Hamlets CCG  
Waltham Forest CCG



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## How can we improve services for our patients?

People have a passion for their local health services. It's a passion we all share. The reality of an NHS that is available to all and free at the point of use is in our national DNA. Everyone who works in the healthcare system wants to protect and enhance NHS services for the benefit of the patients that use them.

Yet the NHS cannot stand still. Demand for healthcare is rising, not only because the population is growing but also because we have higher expectations. Medical and technological advances mean we are all living longer. We also expect to be treated according to the best that modern clinical science can offer, in a timely manner regardless of where we live or the hospital we use.

So across the country, NHS hospitals and health organisations are exploring how they can better work together to improve care, outcomes and patient experience, and make the most of our resources and expertise. This is a long-term project, thinking ahead to how the NHS can grow over the next ten years to offer better services and improve lives.

Within north east London, the bodies representing GPs and hospitals are looking at improving outpatient appointments, urgent and emergency care, and centres of excellence in surgery, neuro-rehabilitation, and mental health. None of this is particularly new: many local proposals for adapting services to cope with an expanding population were set out in the Transforming Services Together programme three years ago. However, with national agreement on the direction of travel in the NHS Long-Term Plan, it is time to start making positive changes that will benefit patients locally.

This document sets out some early thinking for Waltham Forest, Newham, and Tower Hamlets, the core areas served by the Barts Health group of hospitals. We are committed to ensuring that the rationale for any change is explained clearly, that any specific proposals are subject to appropriate public engagement and consultation, and that decision-making is transparent. We want to hear about what you think of these ideas.

From the outset we want to make clear we are not in the business of closing hospitals. Indeed, we are planning to build a brand new hospital to improve on the existing facilities at Whipps Cross. Demand for emergency, urgent, and maternity care is higher in north east London than anywhere else in the country.

So there are no plans for changes to A&E or maternity services at our hospitals. Instead, we are working together to plan ways of improving these and other services. We are embarking on this exciting journey over the next few years determined that the destination will be faster access, higher quality healthcare, better experiences, and ultimately better outcomes, for our patients.

Signed:

**For Barts Health NHS Trust**

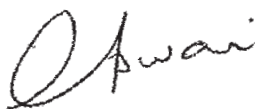


Mr Stephen Edmondson  
Chair, Surgery Clinical Board

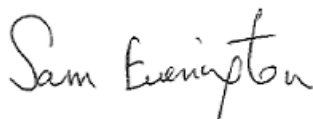


Dr Alistair Chesser  
Group Chief Medical Officer

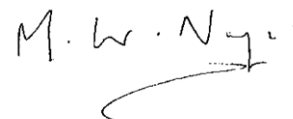
**For Clinical Commissioning Groups**



Dr Ken Aswani  
Chair, Waltham Forest



Professor Sir Sam Everington  
Chair, Tower Hamlets



Dr Muhammad Naqvi  
Chair, Newham

## Transforming health and care across north east London

More than one million people live in inner north east London, a number which is expected to increase rapidly over the next decade. Many of us live unhealthy lives and experience poor physical and mental health, such as obesity, cancer, heart disease and dementia. Our life expectancy is lower than the London average. We are a culturally rich and diverse population; but overall we are more deprived than the rest of the capital. We also tend to rely too much on emergency services, resulting in late diagnosis of illness and variable access to care outside hospitals.

The NHS and other public bodies that provide health and social care within the boroughs of Newham, Tower Hamlets, Waltham Forest, and also Hackney and the City of London, are working together to tackle these challenges so that services are co-ordinated between GPs, social care, community and hospital services.

Much of this care is delivered in the community at a local level, but some is provided across a wider footprint. Our hospitals provide local acute services across local authority boundaries, together with specialist services for all of them, and some regional and national services as well. So under the umbrella of the East London Health and Care Partnership, organisations are collaborating on a series of cross-cutting programmes to transform health and care services and improve outcomes.

One group of partners is focusing on four specific areas within the NHS Long-Term Plan. Much of this work is about providers, GPs and primary care services coming together to organise services more effectively. We are exploring different models of care for **outpatients** to improve patient experience and reduce the need for hospital visits. We are reviewing **urgent care** pathways to make services more co-ordinated, thereby both improving outcomes for patients and reducing unnecessary attendances in emergency departments. We also want to improve the health and care of **rough sleepers and homeless people**.

Finally, we are exploring how **providers can collaborate more closely**, and organise clinical services more effectively, to meet the challenges of the future. Together the Barts Health group, Homerton University Hospital NHS Foundation Trust, and both the East London NHS Foundation Trust and the North East London Foundation Trust (which provide mental health and community services), are committed to working with staff, stakeholders, patients, and the public to develop lasting and innovative solutions that will benefit everyone who works, lives in, or visits this part of London.

In particular, the partners are reviewing the opportunities for meeting future demand for surgical, neuro-rehabilitation and mental health services run by the Barts Health group, Homerton University Hospital NHS Trust and the East London NHS Foundation Trust.



## Working together to support excellence in clinical services

### a) Surgery

There are examples of excellence in surgery across north east London, typically where there are large numbers of patients being treated in one place, such as the heart centre at St Bartholomew's, or the bariatric centre for obese patients at Homerton. Yet other surgical services are dispersed and have lower volumes, resulting in variable quality and outcomes. This affects their ability to attract staff and undertake research.

Clinicians are reviewing surgical services at Homerton and across the Barts Health group to identify opportunities for working in partnership to improve quality and outcomes. Their endeavours are based on the proven concept of centres of excellence, where different types of surgical activity (including complex work) are undertaken in one place. More details of emerging findings from the Barts Health group follows in the next section.



### b) Mental health

Demand for mental health services is also growing, with more referrals for specialist treatment and increasing hospital admissions. The NHS Long-Term Plan suggests the way forward is organising community services around GPs, delivering more preventative support for people at risk of mental health problems, and better co-ordinated care for people with complex mental and physical health needs.

Locally, one element of this “mental health in the neighbourhoods” approach includes an option to develop Mile End hospital as a centre of excellence for inpatient psychiatric services for people living in Tower Hamlets and elsewhere. Concentrating staff and expertise on one site would give patients access to the best care in a therapeutic setting. In turn, this focus of expertise would seek to work with community outpatient services based at the hospital and involve and support peripatetic staff in the community.

### c) Neuro-rehabilitation

Clinicians at Homerton and Barts Health are also reviewing what improvements could be made for patients recovering from traumatic brain injury. This is a major cause of death and disability in people under 40, and tends to be clustered in deprived areas. Appropriate rehabilitation is crucial, and the evidence suggests the best outcomes are achieved through a mixture of specialist rehab within three months of injury and services in the community.

Commissioners are therefore considering ways of ensuring the most critically-ill patients can get rapid access to acute rehabilitation at The Royal London major trauma centre, while also improving access to rehab at Homerton hospital and in the community. These local services would improve outcomes for patients and reduce their long-term care needs.

## Reshaping surgery services within the Barts Health group

We are committed to retaining A&E and maternity services at each of our three main local hospitals, The Royal London, Newham and Whipps Cross. As a group, we are the biggest provider of emergency care in the country, and we deliver more babies than any other trust. Yet we recognise there are opportunities for our four hospitals to work more effectively together and to bring some treatments together into single centres.

The principle of developing centres of excellence to improve quality and reduce waiting times across the health system was endorsed in the Transforming Services Together programme in 2016. Our recent improved CQC ratings and exit from quality special measures means that the time is now right to make further progress with developing outstanding surgical services for our patients.

We believe there are opportunities within the Barts Health group to re-organise surgery in order to greatly improve patient access, outcomes and experience. We also recognise that we need to work with other providers, primary care and patients to ensure that any decisions take into account the views of a range of key stakeholders and contribute positively to a stronger, more joined-up healthcare system.

### Why change?

Our local population is growing faster than the national average. The growth in the last few years is equivalent to a city the size of Carlisle. Our hospitals now see about 450 more patients a day than seven years ago. We have absorbed the extra demand, developed new models of care, and reduced the length of time people spend in hospital. According to national benchmarks, the Trust is already judged efficient. Yet we will need to manage demand from a projected 17% population increase over the next decade, including addressing any inequity in access to care.

Meanwhile, tremendous advances continue to be made in medical care. The traditional way in which hospitals are organised has often not kept pace with changes in medical practice, or the expectations of patients. Surgery in particular is increasingly specialised. The 350 surgeons working for the Barts Health hospitals are divided into more than 20 different specialties. Outcomes are often excellent, and our death rates are lower than the national average. Waiting times for planned operations have also reduced, though with 85% treated within the national standard there is still room for improvement. However there are also unwarranted variations in standards between hospitals, and the ever-present challenge of recruiting and training enough high-calibre staff. These challenges limit our ability to ensure mortality rates are even lower, and provide excellent experiences and outcomes for every single patient who arrives at one of our hospitals.

### Centres of excellence

Surgery saves lives, but is also complex and risky. Patients get the best possible treatment if surgeons perform large numbers of operations of the same sort. The scientific evidence indicates that centralising surgery improves outcomes, reduces variations in clinical standards, and shortens the time patients spend in hospital. For example, experts from the national Getting It Right First Time programme reviewed surgical services across a number of providers, and recommended closer networking and developing higher-volume centres in many specialities.

Clinicians tell us that over the next ten years we should develop a network of specialist centres of surgical excellence that reflect local need and the clinical expertise within each host hospital. It makes sense to organise our world-class surgical services so that more patients benefit from access to the very best care when they most need it.

Model centres of excellence already exist in the Barts Heart Centre at St Bartholomew's Hospital and the major trauma centre at The Royal London Hospital.

As a group, we can potentially offer our patients faster access to more centres of excellence than any one hospital, while maintaining local facilities for urgent and emergency care. Consolidating surgery would also benefit staff, by strengthening rotas that are currently stretched owing to workforce shortages, and improve our research capabilities.



### Barts Heart Centre

Europe's largest cardiac centre opened in May 2015, bringing staff and services from three sites to purpose-built facilities at St Bartholomew's Hospital. Today more heart patients are treated **faster**, achieving **better health outcomes** than ever before.

- > We treat over 7,500 patients every month. This includes a 50% rise in people receiving new heart valves through a minimally invasive technique (via an artery in the leg), avoiding open heart surgery
- > We offer seven-day emergency and specialist cover for patients whose hearts have stopped. Response to heart attacks is quicker, with 9 out of 10 patients receiving treatment to re-open blocked arteries within the national standard. Almost all cardiac patients are now tested within six weeks of referral by a GP.
- > The service is more efficient, halving the proportion of procedures cancelled (to 4%) and reducing average length of stay in hospital by 10%. We are on track to meet our ambition to save a thousand lives a year.

### The Royal London Hospital major trauma centre (MTC)

This is a specialist centre with an international reputation for caring for some of the most seriously injured patients across London. The first dedicated major trauma unit in the UK, it sits at the heart of the North East London and Essex Trauma Network set up in response to the 7 July 2005 terror attacks.

The MTC has emergency operating theatres available 24/7 and is home to London's Air Ambulance charity.

- > Over the last decade the capital's mortality rate from major trauma fell 20%
- > In the last five years, the number of people who bleed to death from injury within 24 hours halved because blood products were immediately available
- > All 12 people brought to the unit immediately after the 2017 London Bridge terror attack survived.



## Some other considerations

Any proposals for change in future need to take account of investment decisions already taken. For example, the **Royal London Hospital** is not only the major trauma centre for the area; it also hosts a specialist children's hospital, a regional Hyper Acute Stroke Unit, emergency neurosurgery facilities and an outstanding dental hospital.

As well as the cardiac centre at **St Bartholomew's**, the hospital hosts specialist thoracic and cancer services. **Newham Hospital** recently opened a pioneering £7m children's centre and is investing £5m in improving operating theatres. A revamped £9m maternity unit will open at **Whipps Cross Hospital** in 2020, even as we work with local partners on developing ambitious plans for a brand new hospital as the centre-piece of an integrated health and care campus for the community.

We are working with colleagues in **primary care** to prevent illness, to treat people at home (or close to it) wherever possible, and to integrate services so patients move seamlessly and quickly between different parts of the health We need to take advantage of **new technologies** and working practices that will enable, for instance, fewer visits to hospitals. For instance, a first outpatient appointment could be arranged through Skype and the diagnostic scan and pre-assessment appointment arranged for the same day, this would reduce the number of required visits to hospital and speed up the time taken to surgery. Meanwhile, we are working with other partners in the wider healthcare system. For example, we are discussing the development of a shared **neurosurgical service** with Barking, Havering and Redbridge NHS Trust. And we are exploring the benefits of a shared NHS **pathology** service for blood and tissue tests with neighbouring trusts at Homerton, Lewisham, and Greenwich.

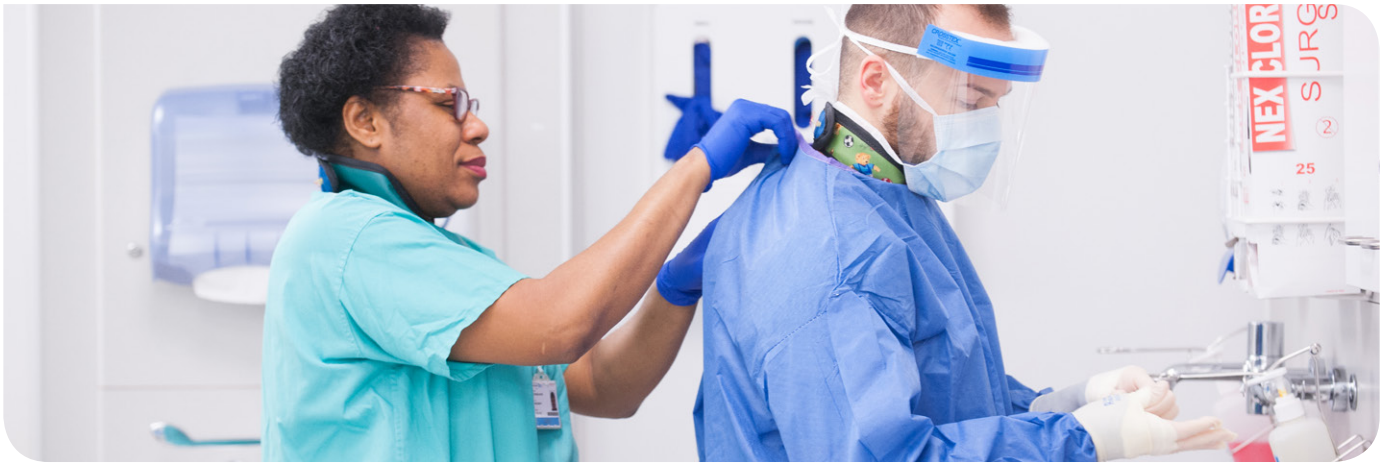
## Proposals from our clinicians

Taking all these factors into account, our surgeons believe that specialist surgical activity should be concentrated on one site where possible, in order to support the creation of centres of excellence. They identified a dozen key surgical service groupings, and mapped their clinical co-dependencies. This suggests clear, emerging surgical identities for each of the Barts Health hospitals.

- > **Whipps Cross** could become a centre of excellence for surgery relevant to the care of the elderly. This is in line with the Trust's aspiration that the hospital becomes renowned for the integrated treatment and care of frail and older people within its catchment area.
- > **Newham** could host centres of excellence for routine day-case surgery and also specialist women's surgery, building on its existing skills in obstetrics and orthopaedics. Expanding these services would absorb planned surgery from the Royal London and therefore reduce the risk of routine operations being delayed by complex or emergency surgery.
- > In addition to the major trauma centre, **The Royal London** could become a centre of excellence for all complex, multi-specialty services, including a bespoke centre for the treatment of abdominal and pelvic conditions, and inpatient surgery for children and young people.
- > **St Bartholomew's** would continue in its role as a world-leading provider of cardiac and thoracic surgery and a specialist cancer centre.
- > Alongside these surgery changes, we would continue to develop community-based services at Mile End Hospital to create a diagnostic and walk-in medical hub, providing the majority of outpatient chronic pain procedures and cancer diagnostics.

These emerging hospital identities are not mutually exclusive. Whipps Cross and Newham will continue to serve their local communities, as the first port of call for urgent and emergency care, and for many routine medical interventions.

Just because Whipps Cross hosts a centre of excellence for the elderly would not stop its doctors and nurses caring for - and operating on - children when needed, for example. As Newham develops a specialist identity as a day-case centre, surgeons on day duty would continue to perform general operations to support the emergency department where necessary.



## What this might mean for our hospitals

Our surgeons perform about 95,000 operations a year. The gradual changes we are considering would mean that in ten years' time a proportion would be undertaken in around a dozen new centres of excellence in our hospitals rather than at their current locations. At each hospital, some existing surgery activity would move elsewhere in the group, while other activity would move in. Yet most would continue as now.

As we develop specific proposals and implementation plans we would work with colleagues in primary care and with patient groups to ensure patient experiences and patient pathways are at the forefront of our designs.

Creating a specialist centre in one place does not mean downgrading services. For example, The Royal London – home to our specialist children's hospital – could be the designated centre for inpatient surgery on children and young people. But a lot of routine paediatric surgery that doesn't require an overnight stay would move to Whipps Cross, while some extra paediatric day cases will be performed at Newham.

However surgery is only one aspect of what hospitals do. For example, our surgeons make up about one-third of all consultants. Most of the day-to-day hospital business of providing safe and compassionate care will continue as normal. The adoption of a distinct surgical identity for each hospital would not overshadow the bigger picture of how they serve their local communities.

At Whipps Cross, for example, we are already talking to clinicians, staff, patients and local community representatives about what services a brand-new acute hospital should offer in order to serve the local population, alongside other health, care and wellbeing facilities on a redeveloped site. This is a long-term project ultimately dependent on capital investment from the government, but the work of establishing a health and care strategy will influence how we shape the existing hospital in the short-term.

At Newham, our surgeons suggest that in due course it should become our expert centre for women's and maternity surgery, but also a leading provider of ambulatory surgery. The range of day-case surgery done at the hospital could include plastic surgery, vascular surgery, hernia repairs and other common conditions. This would expand on services currently available and bring new services to the site, thereby increasing the overall amount of surgery undertaken at Newham.

Doing more at Newham would free up space at our other hospitals, so patients are treated more quickly, and there is less likelihood of cancelling routine surgery. It would also enable Newham residents to have more routine surgery closer to home. And as the hospital consolidates the reputation it already has for orthopaedic day cases, the occasional local emergency requiring overnight general surgery would be taken straight by ambulance to The Royal London major trauma centre for immediate expert attention.

Overall, the changes would reflect the needs of the younger population the hospital serves. They complement Newham's vision of the hospital as a modern centre of urban healthcare for diverse communities whose members are often deprived and sometimes transient.

## What this might mean for our patients and staff

If we move towards greater specialisation of surgery at our hospitals, some patients would have to travel further for an operation than they do now. Of course, many patients already travel for specialist treatment at St Bartholomew's or The Royal London. Each of the Barts Health group of hospitals lies within 30 minutes of each other by car, or an hour by public transport. Any inconvenience arising from creating centres of excellence is balanced against the benefits of faster treatment, better outcomes, and an improved patient experience.

However, for those patients who have surgery, the operation is only one part of their journey through the hospital. All outpatient appointments, before and after a procedure, would remain local. A typical clinical pathway involves seven steps, six of which would continue to take place in the local hospital. And for many patients, the seventh would be local too, because the surgical centre of excellence would be in their local hospital.



In addition, we anticipate that over the next ten years changes within the Barts Health group of hospitals will be synchronised with the transformation taking place across outpatients, primary care, and community services. There will be more virtual appointments and one-stop clinics. Referral and diagnosis before surgery, and follow-up afterwards, would remain local, with more care delivered remotely. The net impact across all change would be to move care closer to home.

At all our hospitals, surgical centres of excellence would create the volume and variety of work to attract and retain top-quality clinicians, so addressing staff shortages and enabling the group to provide more consultant-led care to our patients.

## Next steps

The vision set out here cannot be delivered just by changing how surgery is organised. We need to strengthen research and academic work - so that patients can benefit from the latest scientific developments. We should also continue to build wider, and stronger, partnerships with other providers and primary and community care providers, bringing our combined knowledge together to develop outstanding care for every patient, whichever hospital or primary care facility they arrive at. We must improve data and digital capabilities, particularly focusing on sharing activity, outcome and cost data between partners.

We are developing our ideas based on research and experience. We are engaging with staff, stakeholders, patients and the public to inform the wider debate on the future shape and scope of NHS healthcare services across north east London. In due course, we would expect to consult as appropriate on any specific plans for service change.

Meanwhile, the collaborating partners will submit proposals for inclusion in the NHS Long-Term Plan for the area, being drawn up by the East London Health and Care Partnership. As we do this, we want feedback from staff, patients, service users, stakeholders and the public on some key questions. We want to hear what you think about these ideas. [Please click here to give your views.](#)

## Large print and other languages

For this leaflet in large print, please speak to your clinical team.

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This information can be made available in alternative formats, such as easy read or large print, and may be available in alternative languages, upon request. For more information, speak to your clinical team.

এই তথ্যগুলো সহজে পড়া যায় অথবা বৃহৎ প্রিন্টের মত বকলিপ ফরম্যাটে পাওয়া যাবে, এবং অনুরোধে অন্য ভাষায়ও পাওয়া যতে পারে। আরো তথ্যের জন্য আপনার ক্লিনিকিয়াল টিমের সাথে কথা বলুন।

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