



Living well in Ealing

**NHS**

**Ealing**

**Clinical Commissioning Group**

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Dear Councillor Conti

Thank you for your letter dated 13 October 2017. I appreciate you taking the time to raise your concerns and I hope you will find reassurance in my response.

### **Bed numbers**

Regarding bed numbers, you are correct that we need to see real reductions in patients attending hospital before major changes can be made to the numbers of beds on Ealing hospital site.

As previously discussed we are working on schemes to provide a rapid response in the community and developing new community services in Ealing. It will take time for these schemes to be finalised and see reduced numbers of patients attending hospital.

We have publically said that changes will not be made at the hospital until we see these reductions. We have also publically said that we will talk to the residents of Ealing about any future changes to the hospital.

I appreciate how frustrating it is that we cannot give the public a definitive timeline as to when we would like to talk to them and look at changes. The reality is that this could be up to five years away; as with any change programme it takes time to see results, and until we see these reductions I cannot give the public a more definitive timeline. I would not want to see an artificial timeline put in place which would only serve to confuse our patients and residents.

I can however provide details of the programmes of work (below) that are being undertaken to reduce admissions. These are set out in the NW London sustainability and transformation plan and more information on the schemes can be [found in this guide](#). Work is also under way to develop the two new out of hospital hubs in Greenford and Acton.

1. Home Ward
2. Home First
3. Diabetes prevention programme
4. Make every contact count
5. Promoting wellbeing and reducing loneliness
6. Improved cancer screening
7. Investment in GP teams
8. Improve support for people with long-term physical illnesses and depression or anxiety
9. Providing the right care every time to prevent serious illness
10. Supporting people to take control of their own health
11. Getting the whole health and care system working together for older people

Chair: Dr Mohini Parmar  
Chief Officer: Clare Parker  
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CWHHE is a collaboration between the Central London, West London, Hammersmith & Fulham, Hounslow and Ealing Clinical Commissioning Groups

**CWHHE**

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Hammersmith & Fulham,  
Hounslow,  
Ealing.  
Clinical Commissioning Groups



12. Last phase of life
13. Supporting adults with serious and long-term mental health needs

The cumulative impact of all of these programmes is to help drive down admissions and ensure patients are treated in the right place at the right time, only going to hospital when it is absolutely necessary.

Only once we are completely assured that those services are not just in place but working for our local community will we look at bed numbers.

## **A&E**

Regarding A&E, the same principle applies with that of bed numbers, we will want to see reductions in patient usage before changes are made.

There will be changes to the A&Es at Ealing and Charing Cross Hospitals as part of our wider programme to provide local people with the hospital services they use the most to make sure patients receive the best possible care. However, no changes will be made until new community services are up and running. For Ealing Hospital these changes are expected within the next five years. The changes at Charing Cross A&E are at least five years away.

## **Triage and using A&E services**

The way patients' access A&E services will not change and people will not need to do anything differently. For example: the vast majority of people who currently encounter or are involved in a life threatening emergency (requiring a blue light ambulance) travel by ambulance, they don't make the trip to an A&E themselves.

Stroke care is a good example of this, it has not been provided at Ealing for the last six years. The few patients that are brought directly to Ealing's A&E with a stroke each year are seen and transferred to the right specialist centre. This will be no different in the future, but this transfer will also apply to a small number of other patients who have serious life threatening conditions, that arrive at the front door. Safe and effective transfer protocols will be in place at Ealing Hospital to ensure patients are safely transferred.

Most people who walk, take public transport or are driven to Ealing A&E will be well enough to be seen and treated there now and in the future. Those that need further care will be transferred to the right place. Regarding messaging for the public, it will be very simple and exactly what people are already doing, with no expectation of self-triage. In a life threatening emergency call 999 for an ambulance, for all other emergencies please attend the A&E at Ealing Hospital.

## **Clarity around the future of the hospital**

As previously mentioned I am aware that the lack of a definitive timeline on changes at Ealing and precise details of what will be happening has caused concern for residents.

The clearest message we can provide the public: is to continue using services at Ealing Hospital as normal. Leaflets with this message are being handed out in the community and through the hospital and our GP and community services. Leaflets were also shared with your councillors for constituents back in the summer, and our engagement team have been visiting residents over the last three months, reassuring them to use Ealing's services at the hospital.

I hope this helps to reassure you that changes will not be made at Ealing Hospital until we see reductions in use of services at the hospital and that we will take to residents about their future services.

As ever I am very happy to come and discuss these proposals with you in person if that would be helpful

Yours sincerely

*Mohini Parmar*

Dr Mohini Parmar  
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Chair, NHS Ealing Clinical Commissioning Group  
GP Partner Barnabas Medical Centre