

A taste of the future:

Transforming Services / NE Footprint Sustainability & Transformation plan

A local population rise of 270,000 over the next 15 years (a rise the size of Brighton & Hove) – with NO additional funding or health provision.

INSTEAD, over the next five years, the plans being made by Newham, Tower Hamlets & Waltham Forest CCGs + Barts Health NHS Trust look like this:

A&E

- Make 'savings' of between £104 and £165m.
- Keep Trust-wide A&E visits at the same level, but cut A&E to 12-16 hours only at Whipps Cross and Newham Hospitals (NB nearby King George Hospital is also axing its A&E).
- Use the controversial privatised NHS 111 call centre service as the 'gatekeeper' to urgent care – only 999 ambulances to go straight to A&E.
- Get NHS 111 to 'refer' people to massively cut Community Health, Community Mental Health, CAMHS and social care teams instead.



A taste of the future /2:



Hospital services

- Reorganise surgical services. Complex surgery would remain at The Royal London and St Barts. But Tower Hamlets residents would have to travel to Whipps Cross or Newham for low-risk, non-complex operations.
- Rely on inter-hospital transport to move people between hospitals for emergency surgery – despite the dangers and despite the London Ambulance Service being in special measures because it's failing to meet emergency standards.
- Cut non-elective hospital spending by 20% – ignoring the decimation of social care budgets and district nursing posts.
- Cut end-of-life hospital admissions by 50% and length-of-stay in the final year by 32% in favour of poorly-explained and un-costed community alternatives.
- Cut outpatient appointments by 20%.

A taste of the future /3:

Primary care

- Force a major shift of demand from hospitals to primary care – despite a shortfall of 195 GPs (and 38% due to retire). Instead bring in 85 cheaper Physician Associates over the next 10 years – a new role that hasn't been worked out or tested.
- Assume GPs will work in 'hubs' with 10-15,000 patients, and providing pre- and post-operative care. Larger hubs to offer low-risk dermatology physiotherapy and gynaecology clinics. This would wipe out small GP practices – possibly to be replaced by private chains with no local experience.

(Lack of) services in the community

- Use massively cut Public and Community Health Services, and community pharmacies threatened with closure, to cut demand for hospital appointments through identification/prevention programmes.
- Rely on patients getting more family and community support.
- Rely on 'self-care' and Skype consultations to cut GP visits, ignoring poverty, disability, mental health, substance abuse & language difficulties.
- Increase births at midwife-led units from 13% to 31% and home births from 0.6% to 5%, while ignoring the shortage of experienced midwives.



Overall, the document is riddled with incomplete figures, untested, flawed, un-costed ideas, with no plans for pilots or double-funding, no planned evaluations, and completely unrealistic timescales.