NHS England

HOW CAN WE IMPROVE THE QUALITY OF NHS CARE?

HOW CAN WE MEET EVERYONE'S HEALTHCARE NEEDS?

HOW CAN WE MAINTAIN FINANCIAL SUSTAINABILITY?

WHAT MUST WE DO TO BUILD AN EXCELLENT NHS NOW & FOR FUTURE GENERATIONS?

London

A CALL TO ACTION

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Foreword: London – A Call to Action

London is a world city – it's diverse and vibrant.

It has some of the very best care in the world but we also know there are areas where we need to do better to ensure this city has a world class health system.

Across the capital, health and care staff and service users have made tremendous improvements to patient services during the last ten years. Working together we have made huge progress to raise the quality and safety of care, reduce waiting times and improve access to services.

Thanks to some world leading examples of health and care services the average life expectancy of Londoners has risen by 5.2 years since 1990. Bold changes we made to stroke and trauma services are saving hundreds of lives and we also now have one of the lowest mortality rates for cardiovascular surgery in the country.

London's NHS belongs to its people – and it is our job to ensure it's there for future generations.

But there are significant challenges that we must address in order to sustain a high quality, free at the point of need, health and care service in London.

The size, diversity, history and capital status of London brings tremendous opportunities but also creates unique challenges.

Our population is growing. We have a high birth rate and an ageing population, placing ever-increasing demands on healthcare professionals. As Londoners live longer, we are more likely to experience long-term conditions and co-morbidity.

Whilst public confidence in the NHS in London has remained strong, there are some worryingly low satisfaction levels in some services. Patients are telling us they want better access to general practice and they want more services available at weekends. They want more joined-up care and they want a greater degree of control to manage their own conditions.

65 years on from the creation of the NHS, we now need to rethink and transform the way we deliver health and care for the people of London. Simply making gradual improvements to current services won't be enough to keep up with the pace of change and growing demands, including the very serious financial challenges we face.

These challenges have also been recognised by the Mayor of London who recently announced an independent, clinically-led 'Health Commission' to examine issues about how health improvement and the healthcare system can best operate in the future. Our goals can only be achieved by working in conjunction with each other and all our many health and local government partners, but most of all, patients and the public.

Unless we act now we will be failing Londoners, who will increasingly experience poor quality and outdated ways of delivering care.

The NHS belongs to the people so we need the public and our staff to come together and work out how we can embark on a new journey to improve services for the 21st century.

This 'case for change' sets out some of the trends and challenges that the NHS and care system in London faces. We look forward to hearing your opinions about how we can deliver high quality care, meet the changing expectations and needs of Londoners and reshape services for now and the future.

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1. Introduction

The NHS is 65 this year. It is a time to celebrate and also a time to reflect.

During this time there have been many significant advances in the way that healthcare is delivered. However, particularly in recent years, the NHS has not always kept pace with the evolving needs of patients. Meeting these, and ensuring a sustainable future for the NHS in the financial circumstances that we are facing, represents a major challenge.

Public expectation of the quality of care provided by the NHS has rightly been raised following publication of the Francis report into failings at the Mid Staffordshire NHS Foundation Trust, the subsequent Keogh Review into standards at other hospitals and the recent Berwick Report on patient safety. Quality of service delivery must be preserved in all circumstances and we must aspire to the best possible outcomes for patients.

The NHS will have to change to achieve this. To address the huge financial challenge, with no anticipated increase in NHS funding for the foreseeable future, this change will have to be truly transformational, with radical change in the way services are provided. We must get the best possible value from every pound we spend.

London's diverse population has a broad and growing range of health needs and there has been a failure to close the inequalities gap. The pattern of healthcare provision has always had an emphasis on hospital services which will not address this problem in the future. Adverse lifestyle factors such as alcohol abuse, smoking and obesity are having a detrimental impact on the health of Londoners. There are growing numbers of people living with long-term conditions, mental health problems, and an increasing burden of dementia in an ageing population. We can do much

more to support people to live healthier, independent lives. Much of this care needs to be provided in community settings that are more accessible to patients. We also know from changes already introduced in London that when people do need hospital care, for some conditions, quality and outcomes improve if services are concentrated in fewer centres.

Keeping things as they are is simply not an option if we want to meet Londoners' health care needs in the most effective way in the future. This report highlights these issues in detail and sets out a compelling case for change.

There needs to be:

- A greater focus than ever before on preventing ill health;
- Greater emphasis on self-care, supporting people to take responsibility for their own health and manage their conditions;
- Transformation of primary care so that services are more accessible and responsive and have the capacity to provide more care in community settings;
- Transformation of hospital services so that they are able to consistently meet agreed quality standards;
- Integration across hospital, community and social care boundaries to improve the coordination of care and ensure a seamless experience for patients;
- Significant improvement in the patient experience wherever care is provided.

There now needs to be an open and honest debate with the public, health and care professionals and other stakeholders about these issues. Choices and priorities will have to be considered. There will be difficult and sometimes controversial decisions to be made.

To start this discussion, NHS England (London Region) is launching 'A Call to Action for Londoners'. This is the opportunity for everyone with an interest in these issues to have their say in shaping a sustainable NHS for Londoners.

This document sets out the reasons why we need to change the way health and care services work in London.

We look forward to hearing your views. The details of how you can get involved and respond are on page 29

2. The London context: the challenges we face

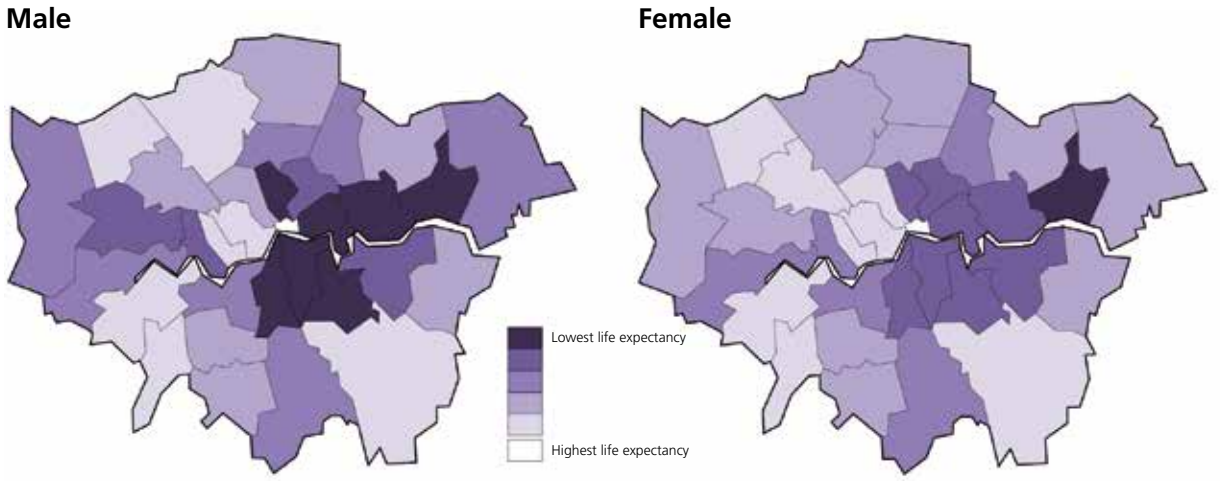
Population and life expectancy

London is a world city and its population deserves a world class health care service. The population is more than 8.2 million people and is growing at a faster rate than any other region in England due to increased births (an additional 7,000 a year since 2008 – which brings its own challenges for maternity services), reduced mortality and a continuing trend of net domestic and international migration into the area.[1] There are more than 2 million children and young people under the age of 18 in London.[2] At an average age of 37, London is young when compared to the UK as a whole (40 years of age),[3] however, the most significant increase in population will be seen in the capital's over 65 year olds. This age group is due to increase by 19% by 2020[4] and over 65 year olds are typically the most significant users of health services.

Between 1990 and 2010 life expectancy in England increased by 4.2 years and in London by 5.2 years,[5] but there remain wide variations between and within boroughs in the health of the population.

1 GLA Intelligence Updates *2011 Census results: London boroughs' population by age and sex* (2012) and GLA Intelligence Update *GLA 2012 Round Population Projections* (2013).
2 (ONS 2012).
3 GLA Focus on London (2010). *Population and Migration*.
4 Office for National Statistics (2012). *Interim 2011-based subnational population projections for England.*
5 Office for National Statistics (2011) http://www.ons.gov.uk/ons/publications.

Figure 1: Life expectancy (LE) at birth by borough 2009–11, ranked by quintiles



Source: ONS Life expectancy at birth and at age 65 for local areas in England and Wales, 2009-11.
Contains national statistical data Land Ordinance survey data, © Crown copyright and database right 2013

Demographics

Like many cities throughout the world London's richly diverse population leads to many health issues such as tuberculosis, which are often on a scale and breadth not seen in other parts of the country.

London has the highest average income but it is also the most polarised in the country, with people in the top 10% of households earning around five and a half times more than those in the bottom 10%.[6] On the whole, people in the more deprived boroughs in London have poorer health. However, it is a characteristic of many London boroughs that poverty and affluence and the associated inequalities of health exist side by side, for instance life expectancy varies by 17 years within the City of Westminster.[7]

Different parts of the capital also have distinctive lifestyle patterns. Obesity is a bigger problem in outer London, although inner London has higher rates of early death from heart disease and cancer.[8] Inner London has higher levels of adults who smoke and binge drink but its population tends to eat more healthily and is more physically active.

London accounts for 37% of the nation's short-term residents[9] and as a result, patient turnover for general practice is around 30% in many areas, making it difficult to proactively support patients in managing their health and ensuring they receive continuity in their care.

Health

Some of the issues facing London are common to the rest of the UK. For instance the ageing population and changing lifestyles mean that more people are living with one or more long-term conditions. An estimated 15 million people in England now have a long-term condition, with the most significant increases between 2006 and 2011 seen in chronic kidney disease, diabetes and cancer (which has seen a 79% increase in prevalence).[10] Whilst the number of people with one long-term condition is predicted to remain stable, the number of people with multiple conditions is predicted to rise from 1.9 million in 2008 to 2.9 million by 2018 costing the NHS and social care an additional £5 billion.[11] In London, the number of people with a long-term condition is estimated at 1.5 million.[12]

6 Indices of Deprivation, 2010.

7 INWL Public Health Intelligence (2012-13). *Slope Index of Inequality Briefing. Joint Strategic Needs Assessment (JSNA) for the geographic area covered by the London Borough of Hammersmith & Fulham, the Royal Borough of Kensington & Chelsea, and Westminster City Council.*

8 Greater London Authority (2009) *Review of evidence for the Mayor's Health Inequalities Strategy.*

9 Office for National Statistics (2011) *Census for England and Wales.*

10 Department of Health (2012). *Long Term Conditions Compendium of Information (Third edition).*

11 The King's Fund. The Health and Social Care System in 2025 – A view of the future.

12 LTC Patients from QOF (Numerator).

Between 2007 and 2011, the estimated number of people with dementia in London rose from 65,000 to nearly 80,000. Fewer than half of these people had a confirmed diagnosis[13] (meaning that they were denied the benefits of care and treatment) and this number is expected to increase by 16% over the next 10 years. Diagnosis often comes too late for many patients and they, and their families, do not always get the care and support they need. This is in part because too little is known about the causes of dementia and how to prevent it, but efforts are underway to improve the quality of care on offer.

Some issues are similar to the rest of the country, but may be more pressing. For instance, there are challenges to our children's health and wellbeing. Children in London have considerably higher hospital mortality rates compared to the rest of the country. Childhood obesity in London is a significant problem with around one in five children in early adolescence at risk of obesity; these levels are higher than the national average and increasing. The prevalence of children at risk of obesity is highest in the most deprived areas and in certain ethnic minorities; this is associated with significant psychological and physiological health problems. Overweight adolescents have a 70% chance of becoming overweight adults with greater risks of developing chronic diseases such as diabetes and heart disease.[14] In-hospital mortality for children, the high use of A&Es by children, the high mortality of mothers during pregnancy or birth compared to the rest of the country and poor management of long-term conditions in children are all causes for concern.[15]

These challenges provide the opportunity to innovate and have a significant, positive impact. For instance:

- The rate of acute sexually transmitted diseases in London is higher than any other national region by over 50%. The ten boroughs in the country with the highest rates of acute sexually transmitted infections are all in London.[16]
- More than 50% of the people in the UK with HIV live in London.[17] Eighteen of the 20 local authorities in the country with the highest prevalence of HIV infection are in London.[18]
- Tuberculosis rates are amongst the highest in Western Europe with London accounting for almost 40% of the cases reported nationally.[19] The new case rate in some boroughs is over six times higher than the national average.[20]
- London has a greater prevalence of diseases that are rare in others parts of the country (for example malaria), that require specialist centres of care.[21]
- London has more than one quarter of its 'lower super output areas' in the most deprived quintile in England. Some cancers such as cancer of the cervix, lung, stomach and oesophagus are associated with deprivation with higher rates in the most deprived areas.

Improving health is not just about physical health. More than 1.5 million Londoners suffer from mental ill-health which costs London £5.5 billion a year in working days, and £2.5 billion a year in health and social care costs.[22] There are a number of social determinants of mental health that are particularly relevant in London, including deprivation and homelessness.

A person with a severe and enduring mental health problem has a life expectancy of up to 25 years less than the national average. The first onset of mental health problems usually occurs in childhood. Roughly half of all cases of mental illness begin by the age of 14, three quarters develop by the time a person is in

[13] Alzheimer's Society (2012). *England: Mapping the dementia gap 2012.*
[14] GLA Intelligence Unit (2011) *Childhood Obesity in London.*
[15] NHS England (2013). *Securing Excellence In Commissioning For Healthy Child Programme 0-5 Years.*
[16] HPA (2011). *STI epidemiology in London. Annual Review.*
[17] Public Health England (2012). *United Kingdom New HIV diagnoses to end of December 2012.*
[18] HPA (2012). *HIV in the United Kingdom: 2012 Report.*
[19] Public Health England (2013). *Tuberculosis rates remain among highest in Western Europe.* https://www.gov.uk/government/news/tuberculosis-rates-remain-among-highest-in-western-europe.
[20] *Compendium of Population Health Indicators.*
[21] London Health Board (2013). Making the case for London – A healthy future for London.
[22] Independent Commission on Mental Health and Policing, May 2013.
[23] Campion J, Bhui K, Bhugra D (2012). European Psychiatric Association (EPA) guidance on prevention of mental disorders.

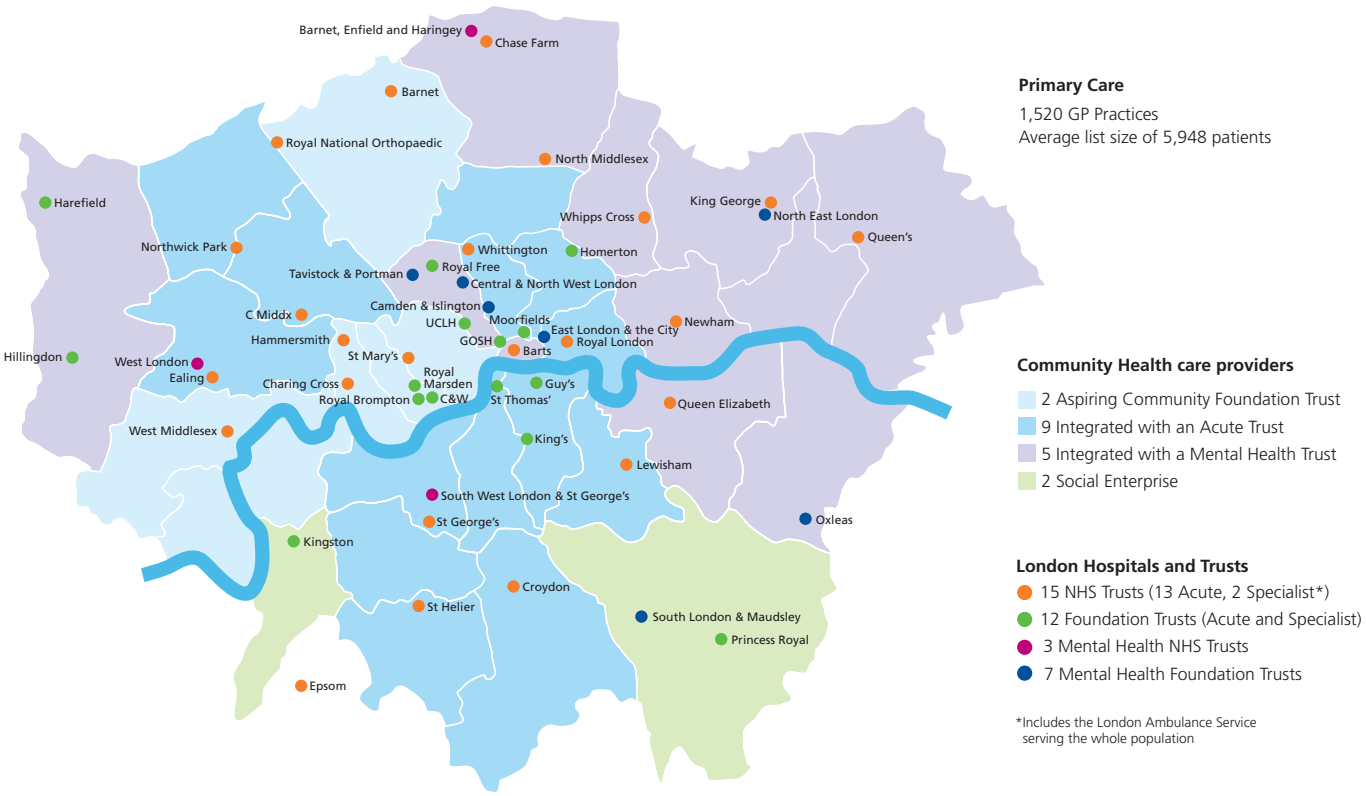
their mid 20's, which indicates the critical importance of effective services for children and young people.[23]

A study by the Centre for Mental Health[24] in 2012 highlighted that, compared with the rest of the population, people with a physical health condition are two to three times more likely to have a mental illness, which highlights the importance of mental health liaison services.

NHS Services in London

London has a vast array of healthcare providers as shown in figure 2, ranging from more than 1500 GP practices, and other community providers, that form the cornerstone of London's health system, to the specialised providers that deliver some of the best clinical outcomes in the world.

Figure 2: NHS Services in London



[24] Parsonage M, Fossey M, Tutty C, (2012). *Liaison Psychiatry in the modern NHS.* Centre for Mental Health.

The challenge

The uniqueness of challenges in the capital has been recognised for a number of years, the most recent of which was *Healthcare for London*. This concluded in a ten year healthcare strategy for the capital, *A Framework for Action*[25] published in 2007, which said that:

- We need to improve Londoners' health;
- The NHS is not meeting Londoners' expectations;
- London is one city, but there are big inequalities in health and healthcare;
- The hospital is not always the answer;
- We need to provide more specialised care;
- London should be at the cutting edge of medicine;
- We are not using our workforce and buildings effectively;
- We need to make the best use of taxpayers' money.

There have been significant improvements in addressing these challenges. However, health inequalities still exist in the city; the healthcare system continues to be poor at preventing ill-health and in diagnosing illness early; and too much care is provided in hospitals instead of in the community.

An estimated 90% of all NHS patient contacts take place within primary and community care,[26] delivered by GPs, pharmacists, dentists and other health and care professionals. However, care is often uncoordinated and not individualised to a patient's lifestyle or situation.

A greater proportion of London's GP workforce is closer to retirement age than other regions – almost 16% of London GPs are over 60 years old, compared with 10% nationally.

The rapidly increasing problem of greater numbers of people with one or more long-term condition, and the devastating effect this can have on families, means that we should focus on preventing ill-health rather than simply treating the results of ill-health.

Based on our knowledge of the different characteristics, challenges and communities we serve, we need to use radically different approaches to improve health.

- The population of London is growing.
- We have a high birth rate and an ageing population.
- Different communities have distinctive lifestyle patterns, creating different health needs.
- As we live longer, people are more likely to develop long-term conditions, requiring ongoing health and care.
- Some of our biggest health problems are getting worse: obesity, dementia, diabetes.
- Our health and care services need to radically change to better meet the needs of modern Londoners.

[25] NHS London (2007). Healthcare for London: A framework for action. London

[26] Royal College of General Practitioners (2013) *The 2022 GP – Compendium of evidence*; Royal College of General Practitioners, London.

3. Some significant improvements have been made and continue to be made

When considered against the NHS Outcomes Framework's five domains, which NHS England is responsible for pursuing, we can see that improvements have been made in all areas.

Examples are shown below. There are however many more local initiatives improving patient care and experience across the capital.

Domain 1: Improving health and preventing people from dying prematurely

- Life expectancy for both males and females in the capital is now significantly better than the England average.[27] London is the only one of eight major cities in England[28] in which life expectancy is higher than the English average.

Domain 2: Enhancing the quality of life for people with long-term conditions and helping them to recover quickly

- London is leading the way in providing new mental health services, recommended nationally under the National Service Framework, and has significantly higher numbers of people receiving care through assertive outreach and crisis resolution services in the community compared to the rest of the country. Over 99% of London's community mental health teams are fully integrated between NHS and

[27] London Health Observatory (2012). Capital Concerns – Comparing London's health challenges with England's largest cities.

[28] These were the seven upper-tier local authority areas with the largest populations in England in 2010, excluding local authorities which are not cities, such as the former county of Cornwall.

social care partners (compared with less than 94% in the rest of England).

- A pioneering integrated care pilot in north west London has produced 37,000 individual care plans to improve the co-ordination of care for people over 75 years of age, and adults living with diabetes. Sixty nine percent of patients felt they had increased involvement in decisions about their care.

Domain 3: Providing high quality care when people are unwell or injured

- Consolidation of complex cardiovascular services has improved outcomes for patients. The highest hospital mortality rate in London has fallen from 8.5% in 2008 to just 3.7% in 2012, one of the lowest mortality rates in England for this type of surgery.

- An internationally acclaimed model of care for stroke services (which included the closure of over 20 units across London that were caring for patients in the first 24 hours of having a stroke) has saved over 400 lives across the capital since 2010 and more will continue to be saved each year.

- Further life saving models of care have been implemented. Patients with the most life threatening injuries are now treated at one of four hospitals in London. Fifty eight Londoners were saved in the first year of operation. This system has been used as a model for the rest of England.

- London Quality Standards have been agreed for urgent, emergency and maternity services and are being implemented across the city to ensure consistent, high quality care, seven days a week. Once implemented, these standards should reduce mortality differences between weekday and weekend admissions and could save hundreds of lives a year.

Domain 4: Ensuring that people have a positive experience of care

- Award winning work to improve the transparency of general practice data (and thus drive up the quality of care) has been achieved with the agreement of patient outcome standards, published on *myhealth.london.nhs.uk*

- *Coordinate my Care*, a clinical service that holds patient care plans, is being rolled out across London as part of the NHS 111 service. So far it has supported 78% of those with a care plan to die in their preferred place, compared to 59% nationally.

Domain 5: Treating and caring for people in a safe environment; and protecting them from avoidable harm

- Patients who contract an infection as a direct result of being in a healthcare setting are seven times more likely to die in hospital than uninfected patients. Between 2010 and 2013 the number of London patients who contracted two of the most common infections, MRSA and Clostridium Difficile, fell by over 40%.

- Following the report of the failings at the Mid Staffordshire NHS Foundation Trust, Professor Sir Bruce Keogh, National Medical Director, NHS England, reviewed the quality of care and treatment provided by other NHS trusts and NHS foundation trusts that were identified as persistent poor performers on mortality indicators. A total of 14 hospital trusts were outliers and therefore investigated; London was the only region in England where no hospitals were found to be outliers.

- Quality Improvement Collaborations between providers and local authorities are known as safety thermometer initiatives. These enable the NHS and

local government to work together to reduce the incidence of pressure ulcers, urinary tract infections, patient falls and venous thrombo-embolisms.

- Quality improvement action plans responding to safeguarding of adults and children have been developed.
- There has been improved and increased reporting and investigation of patient safety incidents so the NHS can learn from its mistakes.

Much has been achieved through centralisation of specialised services such as stroke, trauma and heart attacks. We also have developed the concept of Academic Health Science Centres which bring together research, education, innovation and patient care. These will bring greater academic rigour to the changes we anticipate making in the future.

4. More needs to be done

We need to be honest with ourselves. There are still significant challenges remaining and some services are simply not good enough.

1. Londoners' health depends too much on where they live. There is too much variation and inequality in the health of the population and in healthcare provision.

2. There is a need to encourage better lifestyles, particularly in young people, and to focus on helping people keep well or identifying illness at an early stage, rather than just treating illnesses.

3. Patients should receive the best care whenever they fall ill. This is not happening in every part of the NHS.

4. Too many patients have a negative experience of healthcare.

5. We need to improve services in the community, reducing the amount of time people spend avoidably in hospital and supporting them to live independently.

Londoners' health depends too much on where they live

Londoners are living longer than ever before. Figures from the Office for National Statistics show men and women have a life expectancy of 79.3 years and 83.6 years respectively, which is higher than the national average. However, this masks significant variation not just in life expectancy but in the length of time people can expect to live healthy lives, free from serious illness. In Tower Hamlets, women have a healthy life expectancy of 54.1 years, compared to 72.1 years for women in Richmond-upon-Thames: a gap of 18 years.

Local health services must be tailored to address the type and severity of local needs, and to raise the health of those who are the least healthy to be in line with the healthiest.

There is a need to encourage better lifestyles

London's leading causes of premature death are from predominantly treatable conditions such as cardiovascular disease, cancers and respiratory disease. Around 80% of these deaths are attributable to lifestyle factors such as excess alcohol, smoking, lack of physical activity and poor diet.[29]

We need to reduce the number of years of life lost by Londoners from such conditions. For example, there are half a million Londoners alive today who will die of a smoking related cause.[30]

Preventing disease would significantly reduce premature deaths and mean that people live healthier lives. As well as the advantages to patients, this would make economic sense and would mean that budgets could be used in other areas where there are unavoidable costs in the health system.

The number of new cases of cancer in London is predicted to rise from 27,000 a year to 28,500 in 2022.[31] Almost half of the incidence of cancers is avoidable[32] with poor rates of early diagnosis widely accepted to be the life and death reason why the UK lags behind the performance of other European countries.[33, 34] London compares even less favourably than the UK. Of the 25 boroughs with the lowest breast screening rates nationally, 23 are in the capital[35] and a quarter of all cancer diagnoses are made through an emergency presentation[36] rather than being detected earlier.

Every year, around 13,600 Londoners die from some form of cancer. If early cancer diagnosis was improved and London's survival rates equalled Europe's best, an estimated 1,000 lives could be saved per year.[37]

Case study: Get to Know Cancer pop-up shops

When the Get to Know Cancer pop-up shop was piloted in Croydon last year, it helped hundreds of local residents learn more about the signs and symptoms of cancer.

For Purley resident Joan, it was the quick-thinking actions of one of the pop-up shop's nurses that identified a suspicious mark on her face.

As Joan explained: "I got talking to a cancer nurse at the Get to Know cancer pop up shop and she noticed a blemish under my eye. She told me I should go and have it looked at. So I went to my GP who referred me to hospital where I saw a specialist. I'm so glad I did because it would have grown and got worse."

Joan had a malignant melanoma developing just beneath her eye, which without treatment could have blinded her.

"There were people there you could talk to. People often don't like talking to their own doctor. I couldn't recommend the pop-up shop enough."

The Croydon pop-up shop received more than 1,300 visitors during its five week pilot and there are plans to open more shops across London, following the success of the one in Croydon.

[29] World Health Organisation (2011) *Global Status Report on Non-communicable Diseases*.
[30] Doll R, Peto R, Boreham & Sutherland I. (2004) *Mortality in relation to smoking: 50 years' observations on male British doctors*.
[31] VH Coupland, C Okello, EA Davies, F Bray & H Møller, (2009) *The future burden of cancer in London compared with England*, Journal of Public Health.
[32] Cancer Research UK statistics team's work behind the "Reduce the Risk" campaign identified that 48.3 per cent of cancers were preventable.
[33] World Health Organisation (2013) http://data.euro.who.int/hfadb/.
[34] Berrino et al (2007) *Survival for eight major cancers and all cancers combined for European adults diagnosed in 1995-1999: results of the EUROCARE-4 study.* Lancet Oncology, vol 8, no. 9.
[35] Kings Fund. (2013) *General Practice in London*.
[36] National Cancer Intelligence Network, (2012) *Routes to Diagnosis*.
[37] London accounted for 10 per cent of deaths from cancer during 2009 (Source: The NHS Information Centre for health and social care).

The current lifestyles of a large group of young people (including behaviours such as drinking, smoking, poor diet and lack of exercise) present an increasing risk of premature mortality. The cost of diabetes alone is predicted to be around £40 billion a year by 2035 if current trends continue.[38] There is also strong evidence of an association between mental ill-health and obesity in teenagers and adults.

More than 40% of Londoners are predicted to be obese by 2035 which will increase the cases of diabetes, cardiovascular diseases such as stroke and heart disease, cancers, osteoarthritis and infertility.

Obesity represents one of the biggest public health challenges of the 21st century. The number of overweight and obese people is increasing around the world, and with one in four of the UK's adults being obese, only the USA has higher rates. One of the most worrying trends is obesity in childhood, storing up serious problems for generations to come. Obesity in adulthood increases the risk of developing a range of health problems.[39]

- Moderate obesity (BMI 30-35) is estimated to reduce life expectancy by an average of 3 years, whilst severe obesity (BMI 40-50) reduces life expectancy by an average of 8-10 years. The National Obesity Observatory highlights that this risk is comparable to smoking;
- The risk of diabetes is 20 times higher in individuals who are very obese compared to those with a healthy weight;
- 85% of people with high blood pressure are overweight;
- 1 in 10 cancer deaths in non-smokers is related to obesity; and
- Up to 9 in 10 people who are obese have 'fatty liver' disease.

The London-wide prevalence of obesity masks huge inequalities between boroughs: just over 6% of 5-6 year olds in Richmond-upon-Thames are obese, compared to over 14% in more deprived boroughs.[40]

National estimates on obesity costs for the NHS are £4.2 billion, and for wider society £15.8 billion.[41]

"If current childhood obesity is not addressed, it will not only mean that health costs to treat obesity and its health consequences will increase, but also that many of today's children will not live as long as their parents."

Patients should receive the best care whenever they fall ill

Nationally, demand on hospitals has increased dramatically in the past 10 years; there has been a 35% increase in emergency admissions and 65% increase in hospital episodes for those over 75 years of age.[42] A contributing and compounding factor is the unavailability of routine services at weekends, both in hospital and in community settings.

Some specialised services have moved to providing high quality, consultant-delivered care seven days a week, with demonstrable benefits to patient outcomes and service efficiency. However in the main, the health and social care system persists with an out-dated five day working week. We think high quality services should be available seven days a week.

[38] The London Assembly's Health committee June 25th 2013.

[39] Department of Health. (2008) *Healthy Weight Healthy Lives: A Cross-Government Strategy for England*. http://webarchive.nationalarchives.gov.uk/20100407220245/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_084024.pdf.

[40] The Information Centre for Health and Social Care. (Dec 2010*) National Child Measurement Programme; England school year 2009/10.* http://www.ic.nhs.uk/webfiles/publications/003_Health_Lifestyles/ncmp/NCMP_2009-10_report.pdf.

[41] Butland, B., 2007. Foresight, 29(01 April, 2011), p.164. *Foresight Tackling Obesities : Future Choices – Project report.* Available at: http://www.cabdirect.org/abstracts/20073277472.html.

[42] Royal College of Physicians (2012) *Hospitals on the edge? A time for action*

Whilst health services scale down for the weekend, the urgent and emergency needs of patients persist. The detrimental impact from not having senior staff to make timely, accurate decisions, as well as the countless health professionals and support services that all play a part in caring for patients is clear. Patients admitted to hospital as an emergency at the weekend are 10% more likely to die compared to patients admitted on a weekday. In contrast, where a consultant and specialist team are available to treat patients on arrival, such as for heart attack patients at the London Chest Hospital, weekend survival rates are in-line with weekdays.

> "If we improved weekend services to be the same as on weekdays, hundreds of lives a year could be saved in London. The reduced weekend service also results in unnecessarily prolonged lengths of stay in hospital and lower levels of patient satisfaction."

Everyone should have a positive experience

Becoming ill is a worrying time for all of us, therefore it is important that when we do get ill we should be treated with dignity and respect, be kept informed about our treatment, be provided with choices where appropriate and be treated in comfortable surroundings. Evidence shows that where patients' experience of care is better, so are health outcomes, including mortality.[43]

Patient expectations are rising. Alongside patient safety and clinical effectiveness, the overall experience of service is critical. The Francis report into Mid Staffordshire NHS Foundation Trust highlighted the failure to listen and address the issues raised by patients and carers. So, not only is a better experience likely to lead to a better health outcome, the patient experience can indicate the quality of care. One study found that the hospitals that patients rated as the best had 5% lower mortality rates and 11% lower readmission rates compared with the worst rated hospitals.[44]

Whilst the UK as a whole rates highly on patient experience compared to other countries, studies have shown individuals to be less satisfied with NHS services in London than elsewhere.[45] Patient satisfaction of primary care is 7% lower in London than nationally. Experience of maternity services in London paints a similar picture with consistently low scores for women's experience of their maternity care.

Further work is needed to understand more clearly why Londoners tend to be less satisfied than those living outside the capital.

Positively, hospital experience has improved slightly in London but progress is too slow and some hospitals remain at the bottom of the national league table. Experience for cancer patients is a particular concern, with nine London hospitals in the worst ten nationally.[46]

Whilst there are some impressive facilities in London there is also much estate which is ageing and in need of improvements if it is to support the necessary improvements to services. Old and under-utilised estate can not only result in poor care and poor experience, it is also expensive to maintain. Approximately 30% of the primary care estate in London will not be fit for purpose in 10 years time.

[43] Greaves, F. et al. (2012) *Associations between web-based patient ratings and objective measures of hospital quality.* Archives of Internal Medicine.
[44] Ibid.
[45] Healthcare Commission (2005), Ipsos Mori (2007), Healthcare for London (2007).
[46] Macmillan cancer support (2013). http://www.macmillan.org.uk/Aboutus/News/Latest_News/MacmillancallsonLondonhospitalstourgentlyimprovepatientcare.aspx.

If the convenience and quality of NHS services are compared to those in other sectors, many people will wonder why the NHS cannot offer more services online or enable patients to receive more information on their mobile telephones. Patients want seven-day access to services provided near their homes, places of work, or even their local shop or pharmacy. They also want co-ordinated health and care services, tailored to their own needs. To provide this level of convenience and access, we need to rethink where and how services are provided.

Improving patient experience needs to be a fundamental aim of all services, together with maintaining safety and improving patient outcomes.

Care at home and in the community needs to improve

An estimated 90% of all NHS patient contacts take place within primary care[47] and since 1995, consultation rates within general practice have been steadily increasing.[48]

In London, 82% of patients rate their GP practice as being very good or good. However, significant variation in quality exists, with many boroughs having a higher proportion of practices with poor quality indicators when compared with the rest of the country.

GP practices provide continuity of care and support patients to remain independent and healthy in the community. They are also increasingly central to the care of patients with long-term conditions. However, London's patients report that it is harder to see a GP of choice than anywhere else in England. Twenty-two of the 30 worst rated boroughs in England for the ability of patients to see a GP of their choice are in London.[49]

Many patients report that they would like to be able to:

- access their GP more quickly when they need to; and
- see a GP before work, after work or at the weekend.

Those who have long-term conditions and require regular contact with their practice would like to be able to see the same doctor more frequently.

London has a larger number of single-handed practices than elsewhere in the country and this varies from 5% to 40% across London's Clinical Commissioning Groups. Improving access and meeting public expectations is difficult unless this model of delivery is changed.

GPs alone cannot manage patients with long-term conditions. Care needs to be coordinated between GPs, hospitals, community and social care services to ensure patients are supported to manage their own conditions as far as possible, and to provide seamless and patient-centred care.

Across London there is a chronic shortage of home and community-based care available for patients and carers, particularly in times of urgency or crisis. While hospital-based urgent care is working towards a seven-day model, this is not yet the case for other parts of the system which adds pressure on beds, as patients are more likely to get admitted to hospital out-of-hours. Emergency admission to hospital is a disruptive and unsettling experience and poses particular risks for an older person reducing their independence.[50] Yet some 25% of patients who do not need specialist care are admitted to hospital and up to 60% of patients are kept in hospital beyond five days when their needs could be met in more appropriate community settings.[51] In contrast, areas with well developed integrated health and care services have lower rates of hospital bed use.

[47] Royal College of General Practitioners (2013) *The 2022 GP – Compendium of evidence*; Royal College of General Practitioners, London.
[48] NHS England (2013). *Improving General Practice – a call to action* (Evidence Pack).
[49] National GP Patient Survey (2012).
[50] Leff B et al, Hospital at home, Annuls of Internal Medicine, v.143, no.11, Dec 2005.
[51] Dr Foster Hospital Guide (2012).

At the end of people's lives, despite some local improvement, current services fail to meet patients' requests to die in their preferred place. Although in the region of 70% of people would prefer to die at home only 42% do nationally and the proportion in London is even lower at approximately 35%, the lowest across all the regions.

- Life expectancy has increased but we have very wide variations between and within boroughs.
- London's leading causes of premature death are from lifestyle acquired conditions.
- Preventing diseases is better for people and makes economic sense.
- Services need to be high quality and accessible, seven days a week.
- Too many patients have poor experiences of services, especially in general practice, maternity and cancer services.
- London has a chronic shortage of home or community-based care, especially for elderly people.

5. Fundamentally changing the way we provide care in the future

As the NHS in London continues to strive to improve the quality and performance of current services and live up to the high expectations of patients and the public, we must also redefine how we organise our services. There are opportunities to improve the quality of care for patients whilst also improving their efficiency and cost effectiveness, but there is a limit to the savings that can be achieved through traditional methods without damaging quality or safety. A fundamentally different health service is needed, one capable of meeting modern health needs, with improved quality but broadly within the same resources.

Preventing illness and providing the best care is usually the most cost effective solution and provides the best outcomes and experience for patients. So redesigning care to meet the needs of patients, whilst the cost of services is rising and finances are constrained, means we can also develop a sustainable health service for Londoners. These are some of the areas we need to consider:

1. A growing and ageing population and a rise in long-term conditions will require better primary care and more integrated care.

2. People in control of their own health and patients in control of their own care is essential.

3. The way hospitals are organised is unsustainable and does not support the provision of high quality care.

4. Research, education, new technologies and a better understanding of diseases will help us transform the health service.

A growing and ageing population with increasing long-term conditions will require better primary care and more integrated care

People living longer is, of course, positive but older patients account for the majority of health expenditure and this therefore presents a challenge to the NHS in London.[52] An ageing population will mean the number of patients living with one or more long-term conditions and the number of people susceptible to dementia will increase. There are currently two million people living with and beyond cancer in the UK and this is forecast to increase to three million by 2030. The number of people with multiple long-term conditions is expected to rise by a third over the next ten years.[53]

For some time, London's health and social care commissioners and providers have recognised the need to move away from the traditional hospital-centred delivery of services and instead work together to provide more co-ordinated care for their community. There is a growing body of evidence[54, 55] demonstrating that up to 25% of urgent admissions could be avoided with proactive management of their condition, or patients could be more appropriately cared for in their own home or within a community facility.

Analysis from the North West London Integrated Care pilot shows that approximately 75% of health and social care resources is consumed by 20% of the population, including older people with multiple long-term conditions, those with dementia, and people at the end of their life. These people are at greater risk of adverse outcomes such as urgent hospital admissions. For vulnerable, older patients (who account for over two-thirds of all emergency bed days in the NHS[56] and an even greater proportion in London[57]) hospital can be a confusing environment that carries the risk of infection and loss of mobility and other day to day functionality. This can mean returning home after a prolonged hospital stay is often not an option.

Integrated working, as the north west London pilot has shown, has clear benefits to patients and needs to be replicated across London at a much quicker pace to respond to the needs of a growing population of patients with long-term conditions.

Case study: North West London Integrated Care Pilot

The North West London Integrated Care Pilot is designed to improve the co-ordination of care for people over 75 years of age, and adults living with diabetes. More than 37,000 individual care plans have been produced[58] and 220 multi-disciplinary case conferences have been held across the three inner north west London boroughs of Hammersmith, Kensington and Chelsea, and Westminster, discussing over 1,600 people and the care they need.[59]

Patients with a care plan are enthusiastic about this approach and 69% of patients felt they had increased involvement in decision making. The pilot has been able to demonstrate increased staff commitment and motivation as a result of the new ways of working and improved patient experience. Seventy seven percent of GPs felt that they had improved patient care.

[52] McKinsey & Co. (2013) *Understanding patients' needs and risk: a key to a better NHS*.
[53] Department of Health (2011) *Ten things you need to know about long term conditions*.
[54] Kings Fund (2012) *Older people and emergency bed use: Exploring variation*.
Available at: http://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/older-people-and-emergency-bed-use-aug-2012.pdf.
[55] Kings Fund (2011) *Emergency Hospital Admissions for Ambulatory Care-sensitive Conditions: Identifying the potential for reductions*.
Available at: http://www.kingsfund.org.uk/projects/gp-commissioning/ten-priorities-for-commissioners/acs-conditions.
[56] The Kings Fund (2012) *General Practice in London: Supporting Improvements in Quality*.
[57] The Kings Fund (2012) *General Practice in London: Supporting Improvements in Quality*.
[58] NWL Pioneer Application, June 2013.
[59] NWL – NHS England, Whole System Learning Event, Slide pack, 20th June 2013.

People in control of their own health and patients in control of their own care is essential

We need to look at our health spending in London and how investment in prevention and self-care may be increased over time. However, it is not just about investment. Working with local Health and Wellbeing Boards and local authorities, and refocusing the NHS workforce, will shape a service that prevents as well as treats disease, and is better able to support individuals in primary and community care settings when they become ill.

Self-care for long-term conditions plays a crucial role in influencing the level of demand for healthcare services and is strongly linked to improved health outcomes. Around 80-90% of patients with long-term conditions, as well as their carers, can be supported to actively manage their own health.[60]

Many people need initial support from health and care professionals together with effective care planning to enable them to treat or manage their own conditions. However, evidence suggests that self-care and management are not being recommended or supported in many cases where it would be appropriate.[61, 62, 63] Only about 12% of patients with long-term conditions nationally have been told they have a care plan. Rates of care planning discussions tend to be significantly lower in London than elsewhere in England.[64, 65, 66] The number of children with an asthma plan, which determines self-management, is reported as low as 3%[67] and this is reflected in high admission rates to hospital.[68] There is therefore significant opportunity to reduce patients' dependency on formal health care services by increasing the use of care plans and improving the way they are co-ordinated and implemented.

The digital revolution can also be part of the solution, giving patients control over their own care. Patients should have the same level of access, information and control over their healthcare as they do in the rest of their lives. The NHS must learn from the way online services help people to take control over other important parts of their lives. More than 55% of internet users now use online banking services. A comparable model in health would offer online access to individual medical records, care plans, online test results and appointment booking, and email consultations with clinicians.

> Digital inclusion will have a direct impact on the health of the nation, and so innovation must be accessible to all, not just the fortunate. From April 2013, 50 existing UK online centres in local settings, such as libraries, community centres, cafes and pubs, are receiving additional funding to develop as digital health hubs. Here people will be able to find support to go online for the first time and use technology and information services such as NHS Choices to improve their health and care.

This approach could extend to keeping people healthy and independent through, for example, home monitoring. This would give patients more control and make the NHS more efficient and effective in the way that it delivers services.

There is also an increasing demand for clear and comparative information for the public on the quality of all health services. The issue was highlighted in *A promise to learn – a commitment to act*[69] which stressed the need for the NHS to recognise that transparency is essential and to expect, and insist on it.

[60] Da Silva D (2011*). Helping People Help Themselves: A review of the evidence considering whether it is worthwhile to support self-management*. London: Health Foundation.

[61] Bower et al (2012) *A cluster randomised controlled trial of the clinical and cost-effectiveness of a 'whole systems' model of self-management support for the management of long- term conditions in primary care: trial protocol*. Implementation Science 2012, 7:7.

[62] Banks I. *Self Care of Minor Ailments: A Survey of Consumer and Healthcare Professional Beliefs and Behaviour.* SelfCare 2010; 1:1-13.

[63] Department of Heath (2007) *Self Care: A National View in 2007 Compared to 2004-05*.

[64] Department of Health (2012) Long *Term Conditions Compendium of Information: third edition*.

[65] Ham et al (2012) *Transforming the delivery of health and social care: the case for fundamental change.* King's Fund.

[66] Burt et al (2012) *Prevalence and benefits of care plans and care planning for people with long-term conditions in England;* Journal of health services research and policy; Jan 2012 vol. 17(1).

[67] BMA (2013) *Growing up in the UK*.

[68] Child Health Profiles (2012) *www.chimat.org.uk*.

[69] National Advisory Group on the Safety of Patients in England (2013). A promise to learn – a commitment to act. Improving the Safety of Patients in England.

Transparency of information that can show comparisons between different services and providers of services, should help patients exercise greater choice, drive competition, stimulate quality improvement, and provide patients and the public with a better opportunity to articulate their expectations from services.

www.myhealth.london.nhs.uk not only points patients in the right direction to find relevant services, but gives the information that enables patients to make the right choices about their treatment and care. NHS England is also piloting a new customer service system called *Care Connect*. This service will allow the public to notify the NHS about problems, to ask questions, and importantly to provide feedback on their experiences.

The way hospitals are organised is unsustainable and does not support the provision of high quality care

London's hospital services are becoming increasingly unsustainable, both clinically and financially. In many cases they are no longer fit for purpose. What was appropriate for healthcare delivery in the 20th century does not now meet the needs of patients in the 21st century.

For decades, reviews of healthcare in London have consistently highlighted the inappropriate configuration of hospital services. The average catchment population of London's acute hospitals is around 265,000. This is lower than other regions in the country (for example 370,000 per hospital in the East Midlands), with a wide variation between very large and relatively small hospital sites. This problem is becoming even more apparent today with technological advances driving the centralisation of specialised hospital services to make best use of highly skilled teams and expensive equipment. London has shown that it is able to centralise care safely and effectively with just eight hyper acute stroke units providing world-class care, with no Londoner more than 30 minutes from a unit by ambulance.

Relatively low activity rates at smaller hospitals mean some trusts are facing major financial challenges to meet their high fixed costs, which will be exacerbated if we are successful in preventing ill-health and providing more care in the community.

Additionally, ensuring minimum quality standards are met (in particular ensuring safe services 24/7, consistently throughout the week) across all hospitals, is putting pressure on workforces and further threatening the viability of some providers. To meet the standards requires a sufficient number of senior doctors. However, simply increasing the number of doctors at every hospital is not the answer as services need to be delivered where there is sufficient activity to ensure that clinical teams can keep their expertise and skills up to date. Evidence shows that a relationship exists between the volume of procedures and the outcome of treatment.[70, 71, 72]

London has a number of specific workforce challenges which are only going to be exacerbated by increased pressures from future changes in disease burden, population growth and new ways of working that will require services to be provided seven days a week. Turnover of NHS staff in London is higher than the national average, especially among inner city and teaching NHS trusts.[73] There are high vacancy rates, particularly in some specialties, compared with the rest of the country. As for many services in London, temporary staff are a substantial proportion of the workforce which can lead to inconsistent care and poor communications. Students come to London from across the UK and overseas to train as healthcare professionals but many leave the capital after qualifying, preferring to work elsewhere.

This balance of characteristics, combined with the historical legacy of services that work a traditional five

[70] M. M. Chowdhury, H. Dagash, A. Pierro *(2007) A systematic review of the impact of volume of surgery and specialization on patient outcome.*

[71] Holt PJ, Poloniecki JD, Gerrard D, Loftus IM, Thompson MM (2007) *Meta-analysis and systematic review of the relationship between volume and outcome in abdominal aortic aneurysm surgery*.

[72] Commissioning Support for London (2010). Cancer Services case for change.

[73] NHS London (2005). *Excellence in Health – Ensuring the future.*

day 'working week' presents a significant challenge to London's health and care services, but also brings huge opportunity to improve and meet future health needs effectively.

Research and education needs to be better integrated

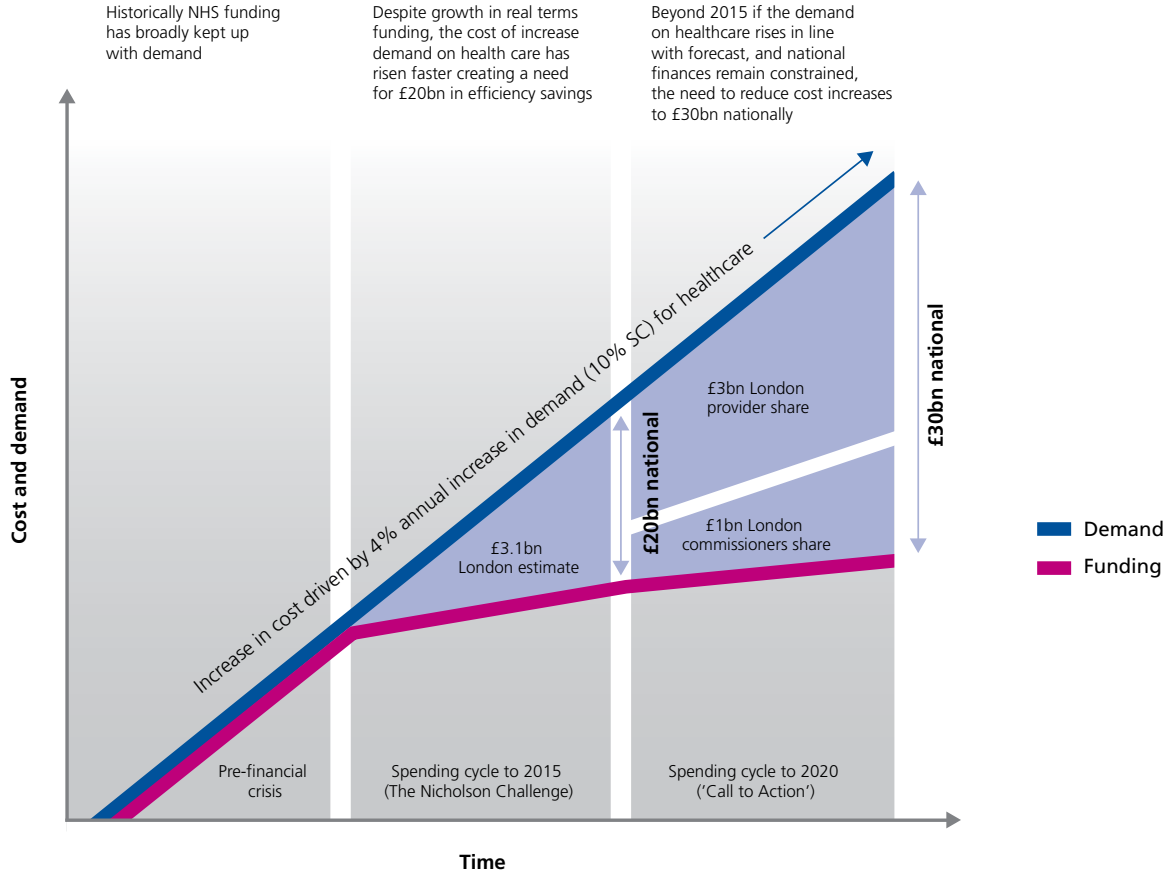
London has world-leading research and educational centres (including a predominance of Academic Health Science Centres and biomedical research centres) that deliver some of the best patient outcomes in the world. However, as a whole, the UK spends far less on research as a proportion of Gross Domestic Product (GDP) compared to the United States. There is evidence that those treated in a research rich region will achieve better outcomes even if not treated in a research centre; we therefore need to ensure opportunities for improvement in this area are exploited.

The three new Academic Health Science Networks in London also provide a significant opportunity to work with industry, support innovation, and spread good practice.

Costs are rising and yet finances are constrained

The NHS in London has already implemented changes to make savings and improve productivity. These savings are expected to total £3.1 billion by 2015 which is 15.5% of the national £20 billion savings requirement.[74] However, with NHS funding expected to remain flat in real terms over the next decade and a forecasted 4% annual growth in healthcare demand (10% for specialised services) the NHS is facing a funding gap of £30 billion by 2020 .

Figure 3: NHS affordability gap between forecast funding levels and rise in demand for healthcare



[74] http://www.nao.org.uk/wp-content/uploads/2011/12/NAO_briefing_Delivering_efficiency_savings_NHS.pdf.

If London is to continue to bridge its estimated share of the national funding gap in future as it has done to date we will need to save an estimated £4 billion between 2015 and 2020. If shared equally over the next five years this equates to £0.8 billion of London's £10.1 billion annual London CCG budget, or approximately 8% each year. To achieve this would be unprecedented in London.

In conclusion, we need to fundamentally redesign care to meet the needs of patients

In order to respond to the key challenges raised in this document a number of pieces of work are underway to inform discussions with stakeholders.

- **Primary care transformation.** The recently published national document *Improving General Practice – A Call to Action*[75] details why GP services need to change in order to play an even stronger role at the heart of more integrated services in the community that deliver better outcomes for children and adults.

  London will also be leading a focused conversation with all partners and stakeholders on the growing urgency for transforming GP services. Beginning with a case for change, we will be seeking your views on how GP services could be strengthened, particularly around access, quality and continuity of care. London is also establishing a clinical and patient board to oversee the development of a set of access standards for general practice in 2013/14.

- **Integrated care.** Responding to feedback from users of our services, NHS England and national partners have committed to helping local areas integrate fragmented services and ensure they are shaped around the needs of individuals. A £3.8 billion national Integration Transformation Fund will support developments for closer integration between health and social care and improve care and support.

  To inform this debate, a London discussion document will be published later in the year.

- **Consistent services, seven days a week.** NHS England is leading two national reviews: the *Urgent and Emergency Care Review* and the *NHS Services, Seven Days a Week Review*, which are seeking to address variations in quality and access and ensure consistently safe and effective care for patients with urgent and emergency care needs, seven days a week. London has led the way in addressing these issues and developing quality standards across a range of hospital services for adults, children and maternity care. The standards are based on recommendations from national clinical bodies and aim to ensure:

  - prompt access to consultant review and multi-disciplinary assessment;
  - availability of diagnostics to support decision-making;
  - timely treatment and interventions; and
  - planned, safe and appropriate timing of discharges.

London's hospitals have been audited against the London standards. This shows that all hospitals are already meeting some of the agreed standards, with work continuing to ensure full compliance.

NHS England (London region) is analysing the region's funding gap, and diagnosing how this is split across primary, secondary and specialised care in order that NHS England can assess the financial impact of any proposed solutions to the challenge. The report will look at the benefits of prevention, early detection and improved outcomes and the most appropriate, consistent and cost effective care and patient pathways.

[75] Improving General Practice – A Call to Action is available at www.england.nhs.uk/ourwork/com-dev/igp-cta

- The health and care system could be better at helping patients to 'manage their own condition', instead of relying on repeated trips to hospitals.
- The health and care system should develop far more 'care plans' for elderly patients.
- We could use technology better to give patients more information and access to services.
- The way hospitals are organised is becoming clinically and financially unsustainable.
- Costs are rising and patient demand on services is rising, but NHS funding is likely to stay the same.
- If we don't change we will have a funding gap of around £4 billion by 2020 and patients won't get the best care.

6. How should you respond?

We must find ways to deliver services differently. We cannot simply tinker around the edges. The NHS that was designed in the 20th century must adapt so it can provide the right services for the 21st century and the society we now live in.

Any new approach cannot be developed by one organisation standing alone. This is why a range of national organisations have committed to work together alongside patients, the public and other stakeholders to improve standards, services, outcomes and values.

- Monitor
- NHS Trust Development Authority
- Public Health England
- National Institute for Health and Care Excellence (NICE)
- Health and Social Care Information Centre
- Local Government Association
- NHS Commissioning Assembly
- Health Education England
- Care Quality Commission (CQC)
- NHS England

We are all absolutely committed to preserving the values that underpin the NHS and we know this new future cannot be developed from the top down. This is about ensuring the NHS serves current and future generations as well as it has served previous ones. So, the call to action is asking for views and ideas from all those who use and work in the NHS about how we can change for the better.

We need to build awareness and understanding of the challenges set out in this document and a knowledge

of other more localised challenges identified by Clinical Commissioning Groups and Health and Wellbeing Boards through local engagement with stakeholders throughout the autumn. Engagement will be a mix of local events and online feedback with additional conversations with key regional stakeholders.

We believe that by generating an open and honest debate with the public, staff and other key stakeholders on the challenges London is faced with, ideas will be generated on how these financial and quality challenges can be met and the priorities that the NHS in London should focus on.

Feedback, insights and ideas will be used to inform local and regional strategies for the next five years and build a platform for the transformational change that is required.

Please do join in; the details of how you can do so are on the next pages.

7. Questions

Difficult questions now need to be asked, and decisions need to be made, to maintain and improve patient care, safety and experiences, and to secure the financial sustainability of the NHS in London. The findings from the Mid Staffordshire NHS Foundation Trust public inquiry set out starkly what can happen when safety is not at the heart of everything the NHS does and patients are not listened to. This was echoed in the report from global healthcare expert, Don Berwick, published recently *A promise to learn – a commitment to act.*[76]

Local engagement with stakeholders is planned throughout the autumn, led by Clinical Commissioning Groups. Engagement will be a mix of local events and online feedback with additional conversations with key stakeholders. You will see that the Call to Action poses a series of questions which we would welcome your feedback on.

If you are viewing this document electronically, the questions below can be viewed and responses sent to us by following this link. Please send us your responses by 31 December 2013.

Or, if you prefer you can send your response to: Freepost RTGK-GHYG-HHRA, NHS England (London Region), Southside, 105 Victoria Street, London SW1E 6QT.

If you have any further enquiries, please email us at England.londoncalltoaction@nhs.net.

[76] National Advisory Group on the Safety of Patients (2013) *A promise to learn – a commitment to act*.

Personal information

We would be grateful if you could provide personal information as it will enable us to better understand the responses and identify trends. However you are not required to provide these details.

Please tell us your name or the organisation which you represent

_____

How old are you? (please tick one box only)

☐ Under 25; ☐ 25-34; ☐ 35-44; ☐ 45-54; ☐ 55-64; ☐ 65 or over; ☐ Prefer not to say

Do you work for the NHS? ☐ Yes ☐ No ☐ Prefer not to say

Do you consider you have a disability? ☐ Yes ☐ No ☐ Prefer not to say

Please include your full postcode

_____

Questions

1. Please circle the response that most closely matches your views regarding the following statement:

   a) I would like a greater proportion of the health budget to be spent on keeping people from becoming unwell, even if it means there is less spent on hospital-based care.

   Strongly agree | Agree | Neither agree nor disagree | Disagree | Strongly disagree

   b) The NHS should ensure that it cares for people who are the least healthy, regardless of where they live in London.

   Strongly agree | Agree | Neither agree nor disagree | Disagree | Strongly disagree

2. Would you like to explain or expand upon your answers in question 1?

_____

_____

3. How can the health and care services support people to be more in control of their own care?

4. How can the health and care services support people to take more responsibility for their own health?

5. Mobile, smartphone and computer technology are now a part of life. Please give us your views on how the NHS and care services could better use this type of technology. For example, would you use it? What for?

   Prompt: appointments, consultations, ordering medication, managing conditions?

6. What do you see as the advantages and disadvantages of providing the same quality of care at the weekend and overnight as well as during the week?

7. Thinking about health and care services, what three things would make the biggest difference in improving patient experience?

   Prompt: Think about the whole experience from contacting someone by phone or in person, getting and attending an appointment, the consultation, treatment and aftercare, to the environment, the attitude of staff, hospital food and cleanliness, visiting hours and travel times.

8. How do you think the NHS should get better value for money?

9. Technology and our understanding of disease and treatments are changing fast. But changing services (and in particular the location of services) in the NHS can be a very long process. How could we speed up the process?

_____

_____

10. In the previous pages we have described a range of health challenges. Some of these are common across the country. Some are quite particular to London. What do you think are the main challenges for London? Have we described them in this document?

_____

_____

11. Thinking about the NHS as a whole: What have we got right? Where are we going wrong? What or where do we need to focus on?

_____

_____

12. Please circle the response that most closely matches your views regarding the following statement:

There is a need to fundamentally change the way the NHS works in London.

Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree

a) Would you like to expand on your answer?

_____

_____