King's Fund

A Survey of Acute Hospital Configurations in London

Jacqueline Mallender
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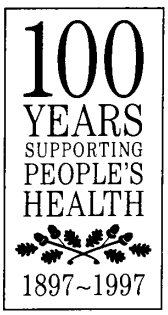

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Contents

Preface

This is a report based on work undertaken by MHA on behalf of the King's Fund London Commission. It is part of a wide ranging research programme examining London's Health Services.

The King's Fund London Commission had agreed four major areas of research :

1. mental health;
2. care for older people;
3. managing the process of change; and
4. systems for delivering healthcare.

MHA were asked to participate in the fourth of these work areas, and in particular, to prepare a "review of developments in the provision of emergency, elective and tertiary services within hospital settings in London".

The objectives of the survey were to take a cross-sectional view of London to identify the different types of hospitals which exist, and the prevalence of different specialty services at different hospitals, and to consider changes to London's acute hospitals over time, and the possible reasons for change.

This survey provides an overview of the current configuration of acute hospital services in London. It is not intended to be evaluative in terms of identifying optimal or even desirable patterns of provision. Hopefully it will act as a sound basis for informed discussion and further research.

Acknowledgements

The authors would like to thank Sean Boyle and members of his staff from the London Commission Office for their assistance and support during the course of this project. They would also like to extend their gratitude and thanks to Anthony Harrison of the King's Fund Institute for his help and advice and to members of the Support Group for their valuable comments on the process and outcome of the survey. The authors would like to extend their appreciation to all of those individuals and organisations which participated in the survey and who have invested time to provide information.

1. Overview

In January 1996, the London Commission appointed MHA to undertake a survey of acute hospital configurations across London, as part of a wide ranging research programme examining London's Health Services. The objectives of the survey were to take a cross-sectional view of London to identify the different types of hospitals which exist, and the prevalence of different specialty services at different hospitals, and to consider changes to London's acute hospitals over time, both past and future and the possible reasons for change. The results of the survey are presented in this report.

The survey has focused on acute hospital services including medical, surgical, obstetrics and paediatrics, and specialist services. Acute services for the elderly and the mentally ill have not been considered in detail as these are the subject of separate research programmes being initiated by the London Commission. Services provided in primary and non-hospital community settings have not been included, nor has the extent of private hospital provision; further, targeted research into each these areas would provide a valuable complement to the analysis presented in this report.

Information used for the survey was acquired from several different sources. Questionnaires were issued to all of London's health authorities and acute trusts. With the exception of Brent and Harrow, all of the health authorities responded to the questionnaire. Of the 40 Trust's surveyed, 28 responded (70 per cent). Face-to-face interviews were conducted with five health authorities and telephone interviews were held with seven of the other health authorities. Information was also obtained from published material and grey literature supplied by the health authorities and trusts. The Department of Health made available the 1994-95 HES database for the London Commission for its research: some of these data were used to complement the data requested as part of the questionnaires.

Quantified information on which to make time series or cross sectional analysis has proved difficult to obtain. This makes comparisons between hospitals and over time difficult to use as a basis for informed debate about how hospital services are best organised. Furthermore, possibly as a result of the demise of the RHAs, it has proved difficult to identify individuals with a

comprehensive knowledge which might be used as a substitute or complement to quantified data.

The survey shows that there is an enormous diversity in both the commissioning of, and the provision of, health services in London. This can be seen by comparing and contrasting the profiles of commissioners and trusts:

- Of the 16 commissioners in London, their populations range in size from 238,000 to 729,000. Hospitalisation rates range from 176 to 192 FCEs per 1000 population. Acute trusts within the administrative boundaries of a commissioner ranges from 1 to 6. Whilst some commissioners purchase as little as 40 per cent of services from trusts within their boundaries, others purchase as much as 86 per cent.

- Likewise the profiles of acute trusts within London vary considerably. There are 34 trusts with A&E departments and 8 which provide a single specialty focus, without the support of an A&E department. These trusts operate from a total of 64 acute inpatient sites across London; this excludes site which are used to provide inpatient elderly and mental illness services. Of those trusts with an A&E service they vary in size, from providing 37,200 attendances to 157,000 attendances. Across all trusts the volume of activity varies from 6,900 FCEs to 86,600 FCEs. The number of acute inpatient sites they manage varies from 1 to 6. The amount of activity they provide to residents of their host health authority varies from as little as 2 per cent to 94 per cent.

- Of the accident and emergency trusts in London all provide general surgery, trauma and orthopaedics, general medicine, and obstetrics and gynaecology (even if not from a single inpatient site). With the exception of the Homerton all Trusts have acute paediatrics as part of their Trust[1] but there are plans to address this at the Homerton. With respect to all other specialties: urology; ENT; dental; cardiology; ophthalmology; dermatology; rheumatology: neurology; haematology; endocrinology; thoracic medicine; and rehabilitation, there is no standard service configuration. The number, availability and size of all of these specialty services vary widely. The specialist services also vary widely in terms of number and size of department.

[1] In Newham the Newham General service is managed by the Newham Community Trust.

The configuration of acute services across London has changed dramatically since 1981 and continues to do so. Of the 117 sites used for acute hospital services in 1981, 47 had accident and emergency departments, a further 70 provided acute hospital services from sites which did not have accident and emergency departments, 11 were stand alone maternity hospitals and some 43 were single specialty hospitals of one kind or another. By 1995, the accidents and emergency services had been consolidated onto 34 departments, some of these onto new hospital sites. Of the 70 acute hospitals which provided services without the support of an accident and emergency department, only 11 remain. Many of these 70 hospitals were small acute hospitals, some with only one or two wards providing general medicine and surgery. In the 10 which remain, the services are generally more substantial in size. The maternity services on 10 of the 11 maternity hospitals have been transferred to other hospital sites, and the number of single specialty sites has been almost halved from 43 to 21. Some sites have been closed. Altogether some 72 have been taken out of NHS use. Many others are being used to provide community services or GP services, a total of 38 sites which were once used for general acute services are now being used for community services with or without inpatients, geriatrics, mental illness, and other primary and community functions.

A large number of schemes are still being planned. In terms of accident and emergency departments, the two departments that are still planned to be closed are at Edgware Hospital and Guy's Hospital (both being replaced by minor injuries units), with the subsequent rationalisation of services to Barnet and St Thomas' hospitals, respectively. There are also a whole series of other changes that are still in the planning stage. Major schemes include the development of:

1. The Royal London Hospital with the subsequent closure of Queen Elizabeth (Hackney), London Chest and St Bartholomew's hospitals;

2. Homerton Hospital, and the subsequent transfer of services from Queen Elizabeth Hospital and St Bartholomew's;

3. Newham Hospital, and the transfer of services from St Andrew's;

4. Harold Wood Hospital and the subsequent rationalisation of acute services at Oldchurch hospital;

5. St George's Hospital with the subsequent transfer of the neurosciences service from Atkinson Morley's Hospital;

6. Queen Elizabeth's Hospital (Woolwich) and the subsequent transfer of acute services from the Greenwich District Hospital;

7. King's College Hospital, and the subsequent closure of Dulwich Hospital;

8. Lewisham Hospital, and the subsequent closure of Hither Green Hospital;

9. Farnborough Hospital, and the subsequent closure of Bromley Hospital and re-designation of services at Orpington Hospital;

10. Hammersmith Hospital, and the subsequent closure of the Queen Charlottes Hospital;

11. University College Hospital, and the closure of The Middlesex and the United Elizabeth Garrett Anderson and Hospital for Women and the Hospital for Tropical Diseases;

12. St Mary's (Paddington) and the possible transfer of services from Samaritan hospital for Women and Western Eye hospital.

This list is by no means exhaustive, as a number of other schemes are also proposed involving the rationalisation of community hospital sites.

Clinical pressures are considered as being the most important or amongst the most important reasons for changes in services. Staffing issues (most especially Calman (training)) and purchaser strategies also feature as the main drivers for change in terms of the past and the future direction of acute service provision. Financial pressures are also very important, but are reported to be less significant than clinical pressures. Interestingly, it is often the financial pressures which act as the final trigger for change, either because it comes to

the forefront of public discussions about change, or because, in attempting to seek economies or better value for money, health authorities and/or trusts look to those sites or services which are clinically vulnerable as the prime target.

In undertaking the survey three issues have emerged as being important areas for complementary research:

- Whilst the interface between acute services and elderly services and mental health services are a key component in the effective delivery of acute services, the managerial arrangement of how these services are provided varies considerably across London, as do the models of care. It has been outside the remit of this study to survey the different arrangements which prevail and more research in this area would be helpful as part of the parallel work being undertaken by the London Commission.

- Likewise, whilst many commissioners and trusts refer to acute services that are being provided, or plan to be provided, in alternative primary and community settings; the absence of hard data on this has made it an area which is difficult to comment on. Given that it is on most, if not all, of the agendas of commissioners to develop community and primary care services to substitute and/or complement acute care, a survey of current initiatives and practices would inform the debate on the future role of acute hospitals.

- The London Commission has set as part of its work programme 'managing change'. Discussions with the health authorities suggest that two areas which would benefit from inclusion in this work programme are the role of public consultation and the difficulties of managing strategic change which affects more than one health authority and/or more than one trust.

This survey provides an overview of the current configuration of acute hospital services in London. It is not intended to be evaluative in terms of identifying optimal or even desirable patterns of provision. Hopefully it will act as a sound basis for informed discussion and further research.

2. Introduction & Background

2.1 The research programme

In late 1995, the London Commission initiated research into London's health services and in particular, to identify how the service had changed since the Commission last reported in 1992. The Commission agreed to four areas of work: *mental health; care for older people; systems for delivering health care;* and *managing the process of change.*

A number of research projects were commissioned in relation to the research on "S*ystems for Delivering Healthcare*". These are listed in Figure 1. A major component of the work on systems has been a survey of acute hospital configurations across London. It is this element of the research which is the subject of this report.

2.2 Objectives of the survey

These were to:

- identify the range of acute specialty services being provided in each hospital setting;
- quantify the range of specialties being provided in each hospital;
- examine how the current configuration has changed in recent years, identify the plans for the future and the reasons for changes.

It was originally considered that the survey might also include an analysis of pathways through the hospital system. However, as the research progressed it was felt that this was too complex an area to include within this analysis and, if required, should be considered as part of a separate research programme.

It is important to stress that the purpose of this research is simply to take stock of the current pattern of services, how these have changed and the plans for the future. It is not an evaluative study, nor are any conclusions drawn about how London's services should be organised.

2.3 Structure of the project

The research was conducted in three stages. The first stage was used to establish the framework for the survey including: coverage; definitions; questions to be addressed; potential data sources; etc. The second stage involved data acquisition via questionnaires, interviews, review of published sources and analysis of 1994-95 HES data supplied for the London Commission by the Department of Health for use for this research. The third stage comprised analysis and consolidation of the results. The research commenced in January 1996 and was completed in July 1996.

2.4 Project management arrangements

The research was conducted by MHA, a consultancy comprising health economists and analysts with extensive experience in strategic planning in health. MHA has worked for all tiers of the NHS, the work based primarily in the South East of England, both within London and the home counties. MHA comprises two partners, Jacqueline Mallender and Nilesh Goswami, supported by a team of skilled analysts and consultants with expertise in economics, finance, public health, and strategic planning.

At the end of each stage of the research, the MHA Project Team shared the findings with a Support Group comprising:

- Anthony Harrison, King's Fund Institute, Project Leader for all of the research relating to *Systems for Delivering Healthcare.*;
- Sean Boyle, Research Manager, London Commission Office;
- Christine Farell, King's Fund Institute, Director of Clinical Change Programme;
- Diane Plamping, Primary Health Care Development Worker, King's Fund Institute;
- London Commission members, Brendan Devlin, Professor John Pattison, and Professor Richard Himsworth:
- Trust representatives, Valerie Martin, Chief Executive of Lewisham Hospital NHS Trust and Julian Nettel, Chief Executive of Ealing Hospital NHS Trust;
- Health Authority representatives, George Gibson, Chief Executive of Merton Sutton and Wandsworth Health Authority and Peter Gluckman,

Director of Strategic Planning & Consumer Affairs from Lambeth Southwark and Lewisham Health Authority.

The support group provided invaluable advice to the Project Team.

2.5 Structure of the report

The results of the survey are presented in this report. The report is structured in the following way:

- *Section 3* provides a description of the method and data sources use for the survey;
- *Section 4* contains a profile of acute hospital services within each of these five sectors defined for the purposes of this research namely North East, North Central and North West, South East and South West;
- *Section 5* takes a pan-London view of specialties and their distribution across Trusts;
- *Section 6* examines how hospital configurations have changed in recent years, how they are expected to change in the future and the reasons for change as reported by London planners participating in the survey.

3. Method and Data Sources

3.1 Coverage and definitions

For the purpose of the survey, London has been grouped into five sectors: North West, Central North, North East, South West, and South East. The health authorities covered by the analysis are listed in Figure 2.

Acute geriatric medicine and acute mental illness have both been included in the analysis but a comprehensive picture of services is not provided since both of these specialties have a large community component (both hospital and non-hospital based) managed by community trusts. These two specialties are the subject of separate research by the London Commission and hence do not form the core of the analysis presented in later sections.

It was agreed early on that in view of the emphasis on acute hospital services, the provider aspect of survey would be focused on acute trusts. The acute trusts included in the analysis are listed in Figure 3. Published information has also been obtained for the community trusts to provide a comprehensive picture of acute services across London.

Private hospitals, whilst they form an important component of acute service provision in London have not been covered by this survey. This is an area where future research would be very valuable to complete the picture of services across London.

The analysis has concentrated on inpatient and daycase activity provided in hospital settings. Some Trusts reported that they are currently providing, or plan to develop, a range of acute services, in particular outpatients and day therapies, in community settings, primary care or even in the home. Where this information was volunteered by the survey participants it is reported here. However, an important area of further research would be to conduct a specific survey of current and future plans for these non-hospital based acute services.

For the purpose of this research, all data relate to the situation pertaining in 1994-95. However, since 1994-95 a number of Trusts have merged. In particular, the Royal National Throat Nose and Ear Hospital is now part of the Royal Free Hampstead NHS Trust; the Queen Elizabeth Hospital Hackney is

now part of the Royal Hospitals NHS Trust, and the National Hospital for Neurology and Neurosurgery is now part of the University College Hospitals NHS Trust. For presentational purposes, the data relating to these hospitals have been incorporated within the analysis of the newly merged trusts. It should also be noted that with regards to the Mount Vernon and Watford NHS Trust, the analysis only includes the Mount Vernon Hospital. In total, therefore, 40 acute trusts in London were included in the analysis.

3.2 Acquisition of information

The Project Team used four main sources of information for the research.

- Questionnaires;
- Interviews;
- Published Information Sources;
- HES data 1994-95.

3.2.1 Questionnaires

Questionnaires were developed separately for health authorities and trusts. These questionnaires were designed to obtain information about the local area in terms of population, morbidity, acute hospital services and configuration of services across different hospital sites. The health authority questionnaires were used to validate information about how hospital services had changed since 1981 and whether further changes were planned. Despite numerous mergers and boundary changes, it was possible to obtain a historical perspective of the hospitals located within the current geographical boundary of each health authority. Trust questionnaires could not be used for this purpose since Trust mergers made comparisons over time very difficult. Trust questionnaires were used to identify the configuration of services across different sites. Views were sought from both trusts and health authorities regarding the reasons for change both past and future.

The health authority questionnaires were first piloted with Bromley Health and Barking and Havering Health Authority. Trust questionnaires were piloted with the Royal Hospitals NHS Trust and the Wellhouse NHS Trust. They were then issued to the health authorities and trusts listed in Figures 2 and 3. The questionnaires are available in a separate appendix.

Completion of the questionnaires was, of course, voluntary, and the Project Team are very appreciative of the time and effect extended by all of those organisations who completed their returns. Overall, response to the questionnaires was good. Figure 4 provides a summary overview of the responses received by sector. There was a degree of variability in the quality and coverage of those questionnaires which were received. Figure 5 provides an overview of the quality of the responses, further details are available in a separate appendix.

It is worth noting that whilst some health authorities and trusts found the completion of the questionnaires and the provision of the data in the format requested very straightforward, others found the task very onerous. Some of the difficulties seem to have arisen because there was often no single source within the organisation who could provide the information or in some instances co-ordinate its collation.

3.2.2 Interviews

The health authority questionnaires were complemented by a series of five face-to-face interviews, one with each health authority in each sector. The face-to-face interviews were conducted with:

- Victoria Hardman: Camden & Islington Health Authority;
- Mike Bellamy: Ealing Hammersmith and Hounslow Health Authority;
- Sue Osborn and Susan Williams: Barking & Havering Health Authority;
- John Schick: Croydon Health Authority;
- Jacqui Westwood: Bexley and Greenwich Health Authority.

These interviews provided an opportunity to review the responses to the questionnaires and to glean additional detail in relation to the changes which had taken place and which are due to take place within each of these health authorities.

In addition, telephone interviews were held with 7 of the other health authorities to confirm some of the information provided as part of the questionnaires. The interviewees are listed in Figure 6; Kingston and Richmond, Barnet, and Brent & Harrow were unavailable for interview.

The Project Team are very grateful to all of the health authority staff who took time to provide the information sought as part of the questionnaires and the face-to-face and telephone interviews.

3.2.3 Published information sources

The Project Team sought to identify all sources of published data which could be used to validate, complement and substitute the information sought as part of the questionnaires.

Particular published sources used for the research included:

- the NHS Year Books for 1980 and 1995 which were used to underpin the discussions as to the number and function of acute hospital sites from 1981 to the present day;
- Ordinary and day case admissions for England: Financial Year 1994-95, Prepared by the Government Statistical Service, Department of Health 1995;
- Bed Availability for England: Financial Year 1994-95, Prepared by the Government Statistical Service, Department of Health 1995;
- CIPFA database 1994-95 (used to complement information on A&E attendances);
- Public Health Reports;

- Trust Annual Reports;
- The Tomlinson Inquiry[2];
- The Five Specialty Reviews of the London Implementation Group;
- Making London Better[3].

In addition, grey literature was provided by some trusts and purchasers in the form of business cases, business plans, and purchasing plans.

The Project Team tried to obtain time series information for London health authorities covering the last 15 years. It is acknowledged that there are difficulties of boundary changes and data definitions (e.g. the introduction of Korner). However, despite considerable effort and extensive liaison with the Department of Health, the team was unable to find a published source for annual activity (however defined) relating to residents of each of the London health authorities, in total or by specialty covering each of the last 15 years. The Ordinary and Day Case admissions information which is published is only available by Trust since 1992 and does not provide a consistent basis of comparison over time due to mergers and reconfigurations. Similar problems are encountered in relation to available beds. Recent data is only available by Trust and is not comparable year on year due to changes in the configuration of hospital sites across trusts.

3.2.4 HES data 1994-95

In addition to the published data sources described above, mid-way through the project, the Department of Health made 1994-95 HES data available to the London Commission for its research. Some of these data were made available to the Project Team for the survey, namely:

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[2] Report of the Inquiry into London's Health Service, Medical Education and Research, October 1992
[3] Making London Better, Department of Health, February 1993

- 1994-95 Finished Consultant Episodes (FCEs) by specialty by method of admission by Trust (excluding FCEs related to births); and

- 1994-95 FCEs by purchaser by Trust (excluding FCEs relating to births).

There had been many problems with the data received from health authorities and trusts via the questionnaires. In particular:

- the Project Team were unable to obtain a 100 per cent response and hence there were gaps in coverage;

- some of the data that were received were incorrect (e.g. health authority data provided in the questionnaires sometimes related to contract information as opposed to activity information for the resident population);

- some of the data that were received were incomplete as some Trusts and Health Authorities experienced difficulties in providing information in the format requested.

The Project Team tried to iron out these problems. However, in view of these difficulties, it was decided that all of the hospital activity data presented in this report should be derived from the HES database. Data provided by Trusts in the questionnaires have only been used to inform the sector profiles since information was requested by hospital site; the HES data site information is not well recorded, especially in North Thames.

3.2.5 Validation

As far as possible within budgetary constraints, the Project Team has attempted to validate all the information presented in this report. Prior to presenting the final report, the information was summarised, grouped by the 5 sectors as shown in Figure 2, and sent in draft form to each individual health authority for validation, according to which sector it belonged.

Undoubtedly, there will still be disparities between information given in this document and that held by individual trusts and health authorities; for which the Team extends its apologies.

4. Sector Profiles

4.1 Introduction

The various data sources have been combined to provide a profile of each of the five sectors in terms of the health authorities and their local trusts.

The analysis which follows provides a summary description of each health authority, the Trusts within the administrative boundary of each one, and the changes which are planned for the future. An alternative approach would have been to separate the discussion of health authorities and trusts better to reflect the changes brought about by the internal market. Moreover, the catchment of a hospital may not match well the geographical boundary of the local health authority. However, in the interviews health authorities have reported the importance of administrative boundaries with regard to considering and planning for strategic change. It is the host health authority which is formally required to consult the public with regards to changes to services within its geographical boundary. This applies even when the services of the trust encompass a much wider catchment. It was reported that those health authorities who cover a small geographical area need to work collaboratively with other health authorities if they are to plan rationally for changes in the range of acute services across different providers within their patch. This can cause real difficulties especially where the strategic direction and/or financial position of the health authorities are different.

4.2 Pan-London overview

Before looking in detail at each sector it is useful to consider the overall picture. Figure 7 provides an overview of the 16 health authorities in terms of population, activity, local acute trusts and sites. The population of the total study area amounts to some 6.9 million residents. The health authority with the smallest population is Hillingdon with a population of 238,000. The largest heath authority is Lambeth Southwark and Lewisham with a population of 729,000.

Overall the residents of the health authorities accounted for over 1.25 million FCEs (excluding FCEs related to births)[4]. Of these some 70 per cent were

[4] Source 1994-95 HES supplied to London Commission for this research by Department of Health.

treated by Trusts located within the boundaries of the 16 health authorities. This accounted for around 63 per cent of the total activity of the trusts located with the four health authorities. Hospitalisation rates vary across the 16 health authorities, with an overall average of 180 per 1,000 FCEs ranging from a minimum of 163 per 1,000 FCEs at Bexley & Greenwich to a maximum of 192 per 1,000 FCEs at Brent and Harrow and Merton Sutton and Wandsworth Health Authorities.[5]

In total there are 40 acute trusts and 34 accident and emergency departments. Inpatient services are provided across 64 sites (sites doing only inpatient, elderly, mental illness and other community specialties are excluded). Figure 8 provides a summary of the FCEs and inpatient beds provided by each of the acute and community trusts within the five sectors. The figure illustrates the diversity of arrangements which prevail in relation to the provision of inpatient services for the elderly and the mentally ill. At one extreme, some acute Trusts are responsible for the entire spectrum of care for these patients, whereas others have no responsibility for these services. Some trusts share responsibility with a dividing line between acute and community drawn for particular categories of patient or stages of care (e.g. acute and rehabilitation) or at the inpatient, non-inpatient divide. It should be noted that, where community trusts do exist, these have responsibility for some or all of the care for elderly and mentally ill patients. With respect to inpatient services, Newham Community NHS Trust has responsibility for major acute specialty, namely paediatrics which it provides from Newham General Hospital, part of Newham NHS Trust. Tower Hamlets Healthcare NHS Trust provides obstetrics services from the Royal London Hospital, Whitechapel, managed by the Royal Hospitals NHS Trust. The diversity of arrangements for the care of elderly and mentally ill people is worthy of dedicated, separate, research; this could form part of the two separate programmes of work for these client groups which has already been identified by the London Commission.

4.3 North West London

North West London comprises four health authorities: Hillingdon; Brent & Harrow; Kensington & Chelsea and Westminster; and Ealing, Hammersmith and Hounslow with a total population of 1.7 million. The smallest authority is

[5] Hospitalisation rate is defined for this purpose as the number of FCEs per 1000 resident population, all ages.

Hillingdon which has a population of around 238,000, this is just over one third of the size of the largest, Ealing Hammersmith and Hounslow which has a population of around 644,000.

Together the residents of these four health authorities account for some 302,000 FCEs. The average hospitalisation rate amounts to some 181 FCEs per 1,000 resident population; the highest rate is experienced at Brent & Harrow which is some 8 per cent above the other three health authorities.

There are a total of twelve acute trusts plus the Mount Vernon Hospital (part of the Mount Vernon & Watford NHS Trust) and a total of 19 acute hospital inpatient sites (excluding sites which only provide inpatient community services). Of these acute sites, a total of nine have accident and emergency departments ranging from 44,000 attendances at Central Middlesex Hospital to 65,500 attendances at Ealing Hospital. Three of the Trusts are teaching trusts, namely Hammersmith Hospitals NHS Trust, St Mary's Hospital NHS Trust and the Chelsea & Westminster NHS Trust.

Figure 9 provides a summary of information relating to the trusts located within this sector.

4.3.1 Hillingdon

There are two local trusts, Hillingdon Hospital NHS Trust and Harefield Hospital NHS Trust. Mount Vernon Hospital is also located in Hillingdon but this hospital is part of the Mount Vernon and Watford NHS Trust, Watford being located outside the Greater London area.

Hillingdon Hospital is the only A&E site and deals with 58,000 A&E attendances. It provides 26,500 FCEs (excluding birth related FCEs) 86 per cent of which relates to Hillingdon residents. It provides a range of local acute specialties and is a combined acute & community Trust which provides acute, elderly and mental health. There are currently plans for mental health services to be relocated into three or four localities, and to move a range of outpatient services into community locations.

Mount Vernon Hospital provides a Minor Injuries Unit led by a nurse practitioner which open 24 hours per day. It also provides elective surgery, cancer care, plastics & burns services and plans to invest to provide continuing care. In the past there have been many joint appointments with Hillingdon (the two hospitals are 9 miles apart) and there are close historical ties at clinical level. In 1992, the Royal College of Surgeons withdrew training accreditation for junior doctors at the A&E at Mount Vernon and the A&E service become unsustainable. Proposals were put forward to merge Hillingdon & Mount Vernon but these attracted little local support. The Hospital merged with Watford (4 miles apart) where there were also difficulties associated with low volume of work and staffing and the A&E at Mount Vernon was closed. Rationalisations of specialty services followed to create what is now considered by the health authority to be a viable configuration of services across the two sites.

Harefield Hospital NHS Trust is a specialist cardiothoracic hospital providing a total of 8,000 FCEs of which only 10 per cent relates to Hillingdon residents. It is a nationally funded centre for heart transplants. There are site development plans for theatres, a patient services centre and a rehabilitation unit. The timescale for development is dependent on regional approval. The Trust reported that it is increasing the provision of locally based outpatients and it is considering the possibility of supporting pacemaker provision in local DGHs.

Together these trusts account for 80 per cent of the FCEs for Hillingdon residents.

4.3.2 Brent & Harrow

There are two A&E departments located at Central Middlesex Hospital (44,000 attendances), and Northwick Park Hospital (54,000 attendances). The Central Middlesex Hospital NHS Trust provides a total of 23,300 FCEs of which 72 per cent relates to Brent & Harrow residents. Northwick Park NHS Trust is slightly larger, providing 34,000 FCEs of which 70 per cent is Brent & Harrow residents. Both trusts provide a range of local acute hospital services. Northwick Park

provides cardiothoracic services and specialist paediatrics and also undertakes colorectal work previously provided at St Marks Hospital, City Road.

Community services are provided by Harrow & Hillingdon Community Trust and North West London Mental Health Trust, however, inpatient geriatrics are also available at Central Middlesex Hospital.

The third trust is the Royal National Orthopaedic Hospital NHS Trust which provides orthopaedics services. In total the Trust provides 6,900 FCEs of which 6 per cent is accounted for by Brent & Harrow residents.

Together the 3 acute trusts account for 48 per cent of the total FCEs for Brent and Harrow residents.

4.3.3 Kensington & Chelsea and Westminster

Within its boundaries there are a total of 4 acute trusts operating from 8 acute inpatient sites. There are Accident and Emergency departments at St Mary's (60,000) and Chelsea & Westminster (65,0000). Both of these are major teaching hospitals. St Mary's provides 68,000 FCEs of which 45 per cent relates to residents of Kensington Chelsea and Westminster. St Mary's is also a major provider to Brent & Harrow.

St Mary's operates from four acute sites, St Mary's Paddington, Western Eye Hospital (ophthalmology), the Samaritan Hospital for Women (gynaecology) and St Charles Hospital (acute, geriatric, with a MIU (10,000 attendances per annum). It is a provider of Cardiothoracic, Liver & Renal services plus some other specialist medicine, specialist surgery & specialist paediatrics. There is an expectation that in time the Samaritan Hospital will move to St Mary's as will the Western Eye Hospital. It has a major HIV / GUM unit.

The Chelsea and Westminster Hospital NHS trust provides 23,000 FCEs of which residents of Kensington Chelsea and Westminster accounts for 42 per cent. It is also a major provider for Ealing

Hammersmith and Hounslow. The Trust provides local acute services plus neurology, plastics, some specialist medicine and specialist paediatrics. It has a major HIV & GUM unit.

The Royal Brompton NHS Trust is a specialist cardiothoracic hospital providing 13,000 FCEs of which 7 per cent relates to residents of Kensington Chelsea and Westminster. It operates from one site and has investment plans for developing the Brompton site to provide an advanced ambulatory care unit and replace old stock. The plans are currently on hold pending decisions relating to the strategy for School of Medicine of Imperial College.

The Royal Marsden NHS Trust is a specialist cancer hospital providing 17,000 FCEs of which 3 per cent is for residents of Kensington Chelsea and Westminster. It operates from two sites: Fulham Road and Sutton (located in Merton Sutton and Wandsworth).

Together all of the acute trusts account for 71 per cent of FCEs for Kensington, Chelsea and Westminster residents.

Community services are provided by Parkside Health and Riverside Community Health. Mental Health services are provided by Riverside Mental Health Trust, Parkside Mental and North West London Mental Health Trust. Acute geriatric services are provided at St Mary's and the Chelsea and Westminster Hospitals.

4.3.4 Ealing Hammersmith & Hounslow

There are a total of three acute trusts within the boundary the West Middlesex Hospital NHS Trust, Ealing Hospital NHS Trust, and The Hammersmith Hospital NHS Trust. These are a total of 4 A&E departments and 5 acute inpatient sites.

The West Middlesex Hospital NHS Trust is an acute Trust with an accident and emergency department (53,000 attendances) providing a total of 28,500 FCEs of which 61 per cent relates to residents of Ealing Hammersmith and Hounslow.

Ealing Hospital NHS Trust is also an acute trust with and Accident and Emergency Department (65,500 attendances) providing 24,000 FCEs of which 89 per cent relates to the residents of Ealing Hammersmith and Hounslow. It too operates from a single inpatient site.

The Hammersmith Hospital's Trust, has two accident and emergency departments (Hammersmith Hospital & Charing Cross Hospital). It operates from three acute sites including Queen Charlotte's & Chelsea Hospital for Women, obstetrics. This Hospital is due to move to Hammersmith Hospital: currently obstetrics and neonatology are split across the two sites. Charing Cross provides a range of local acute & specialist services including cancer, neurosciences (surgery), plastic, renal and specialist surgery. The Hospital does not provide paediatric medicine. Hammersmith Hospital provides local acute specialties and a range of specialist services including, cancer, cardiothoracic, neurosciences (neurology), renal specialist medicine and specialist surgery. The Hospital provides obstetrics & paediatrics. Sub-specialty rationalisations are planned across the two sites before the millennium. Charing Cross Hospital is expected to develop as the emergency, trauma hospital providing a larger base for local services. There are plans to withdraw inpatient trauma and orthopaedics and paediatric medicine from Hammersmith Hospital by 1999. Elderly services are also provided by the Trust at Acton Hospital.

Local Community Trusts include Hounslow & Spelthorne Community & Mental Health Trust (geriatric & mental health), Riverside Mental Health Trust, and West London Healthcare NHS Trust (geriatric & mental health). All three acute trusts provide some geriatric services but no mental illness services.

The acute trusts together account for 65 per cent of activity for residents of Ealing Hammersmith and Hounslow.

4.4 Central North London

This sector comprises three health authorities: Barnet; Enfield and Haringey; and Camden & Islington. Together the sector covers a population of 1.1 million and a total of 212,000 FCEs. There is an average hospitalisation rate

of 188 per 100,000 resident population ranging from a minimum of 180 (Barnet) to a maximum of 191 (Enfield and Haringey and Camden and Islington).

There are a total of nine acute trusts operating from 16 acute inpatient sites. There are seven Accident and Emergency Departments with attendances ranging from 38,000 at Barnet to 76,500 at the North Middlesex. There are two teaching trusts, the Royal Free NHS Trust and University College Hospital NHS Trust.

Figure 10 provides a summary of information relating to the trusts located within this sector.

4.4.1 Barnet

Barnet has only one acute trust operating within its boundaries. The Trust currently provides services from two sites with accident and emergency departments at both sites, Edgware (49,000 attendances) and Barnet (38,000 attendances). It provides a range of local acute specialties across the two sites with some specialties provided from one or other site only. For example, ENT is provided only at Barnet Hospital, and ophthalmology at Edgware Hospital, obstetrics is only provided at Edgware. There are approved plans to rationalise to Barnet retaining a Minor Accident and Treatment Centre at Edgware. The Trust provides a total of 43,300 FCEs of which 61 per cent relates to Barnet residents.

Barnet Healthcare Trust provides community services although some geriatric services are provided by the Wellhouse Trust. Its plans include the possible relocation of community hospital provision at Colindale Hospital to Edgware Hospital once the acute services have moved to Barnet. Wellhouse provides range of local acute services.

The Wellhouse NHS Trust accounts for 48 per cent of the total FCEs for Barnet residents.

4.4.2 Enfield & Haringey

There are two acute trusts in Enfield and Haringey with two accident and emergency departments and two acute sites: Chase Farm Hospital (58,000 attendances) and North Middlesex Hospital (76,000 attendances). Both Trusts provide a range of local acute specialties.

Chase Farm Hospital provides 35,200 FCEs of which 71 per cent relate to the residents of Enfield & Haringey. There is an accident and emergency department at Chase Farm supported by a range of acute services on site. The Trust also provides outpatients on Cheshunt Community Hospital Site (outside study area). Until recently, the Trust used to provide planned inpatients, daycases, and outpatients at Highlands Hospital. However, services were withdrawn in March 1995 due to the clinical and physical isolation of the site. The thrust of future developments is to place outpatients in community settings as far as possible.

The North Middlesex Trust provides 34,500 FCEs of which 86 per cent relates to residents of Enfield & Haringey. It provides a range of acute services and specialist cancer services from a single A&E site.

In the past, proposals have been put forward by Enfield & Haringey to withdraw A&E from either Chase Farm or from North Middlesex hospitals. Now the North Middlesex Hospital has received approval of its Outline Business Case for the reprovision of A&E services.

The two community Trusts, Enfield Community Care and Haringey Healthcare both provide mental health and geriatric services. Chase Farm also provide some geriatric services.

Together the trusts provide 61 per cent of the total activity for residents of Enfield & Haringey.

4.4.3 Camden & Islington

There are six acute trusts with three accident and emergency departments operating from 12 acute sites. Two of the trusts are

teaching trusts, the Royal Free Hampstead NHS Trust and the University College London Hospitals NHS Trust.

The Whittington Hospital NHS Trust is a single site hospital with an accident and emergency department (62,000 attendances) supported by a range of local acute specialties. It provides 35,500 FCEs of which 51 per cent relate to Camden and Islington residents. The Whittington provides some renal services and fulfils a significant undergraduate teaching role although it is not formally a teaching hospital. The Trust plan a continued phased development of the site to replace old and outdated facilities.

The Royal Free Hampstead NHS Trust has an accident and emergency department (54,000 attendances) and provides a range of local acute and specialist services. It provides 50,700 FCEs from two sites of which Camden and Islington residents account for 36 per cent. Since April 1996 the Trust has merged with the Royal National Throat Nose & Ear Hospital at Gray's Inn Road. ENT services are provided across both sites with all other services provided on the Royal Free site. The specialist services provided include cancer, cardiothoracic, neurosciences, specialist paediatrics, plastics, renal, and specialist surgery. There are historical links between the Royal National Throat Nose and Ear Hospital and University College Hospitals; it was part of the former Bloomsbury Health Authority merger proposals for the new Bloomsbury Hospital prior to Trust status being achieved in 1992. There are no plans for transfer of ENT to Royal Free site as yet but accommodation problems are being experienced at the Gray's Inn Road site.

The University College London Hospitals NHS Trust provides inpatient services from six sites. The accident and emergency department is located at University College Hospital (58,000 attendances) and is supported by general medicine, cardiology (emergency only), clinical haematology, emergency surgery, gynaecology, emergency trauma and orthopaedics, obstetrics and paediatrics (including specialist paediatrics). The Middlesex Hospital does not have an accident and emergency department but provides a full range of local acute medicine and acute surgery plus specialist

services including cancer, cardiothoracic, plastic, renal, specialist medicine and surgery and HIV/AIDS. The United Elizabeth Garrett Anderson and Hospital for Women, Soho is a gynaecology hospital. The Trust also manages the Hospital for Tropical Diseases, and, from April 1996, the National Hospital for Neurology and Neurosciences and the Eastman Dental Hospital. There are plans to develop a new single site hospital in buildings adjacent to University College Hospital. At present these do not include the Eastman or the National Hospital for Neurology and Neurosurgery. The Trust provides a total of 45,400 FCEs of which Camden and Islington residents account for 36 per cent.

The Great Ormond Street Hospital for Sick Children provides specialist paediatrics. It does not have an accident and emergency service. In total it provides 19,700 FCEs of which 2 per cent relates to Camden and Islington residents. The largest 10 purchasers are in North Thames Central and North Thames East, Herts and Essex.

Moorfields Eye Hospital, is a specialist ophthalmology hospital with a significant ophthalmology casualty (67,300 attendances). It provides 16,800 FCEs of which 6 per cent relates to residents of Camden and Islington.

The Royal London Homeopathic hospital, has a small number of inpatients but is mostly outpatient based and again has no accident and emergency service. It plans to relocate to smaller, more affordable premises.

The Camden and Islington Community Trust provides geriatric & mental health services as do the Royal Free and University College Hospital. The Whittington provides some geriatric services.

Together the acute trusts account for 80 per cent of activity for Camden and Islington residents.

4.5 North East London

There are three health authorities in North East London: East London and City Health Authority (ELCHA); Redbridge and Waltham Forest; and Barking and Havering. Together they account for a population of 1.4 million and 259,000 FCEs. The average hospitalisation rate across the three health authorities is 184 per 1,000 resident population with the lowest hospitalisation rate at ELCHA, 8 per cent below the other two health authorities.

In total there are six acute trusts and 11 acute hospital sites, six of which are accident and emergency sites. The smallest accident and emergency hospital is Homerton Hospital, Hackney (46,000 attendances) with the largest being the Royal London Hospital (91,000 attendances). Havering Hospitals NHS Trust with 102,500 attendances, combines Oldchurch and Harold Wood Hospitals.

There is only one teaching hospital in this sector, the Royal Hospitals NHS Trust.

Figure 11 provides a summary of information relating to the trusts located within this sector.

4.5.1 ELCHA

There are three acute trusts within ELCHA providing acute hospital services from a total of seven inpatient sites.

The Royal Hospitals Trust is an A&E trust (91,700 attendances) which provides 79,200 FCEs of which 53 per cent relates to ELCHA residents. The Trust provides a range of local acute and specialist services including neurosciences, cardiothoracic, cancer, plastics and renal services.

The Trust provides services from five acute sites. The Royal London Hospital provides a full range of local acute and specialist services and the Helicopter Emergency Medical Service (HEMS) service. St Bartholomew's Hospital, provides a range of planned local acute service plus cancer services, cardiothoracic services, and HIV/AIDS. Until 1993 there was an accident and emergency department at St

Bartholomew's Hospital. There is now a minor injuries unit. Other sites include: Queen Elizabeth Hospital, Hackney, (formally part of Great Ormond Street Hospital) which provides secondary and specialist children's services; the London Chest Hospital (formally part of the Brompton Hospital) providing cardiothoracic services; and Mile End (managed by Tower Hamlets Community Trust) providing orthopaedics and rheumatology.

The Trust plans to transfer to the Royal London acute services from all of the other sites; investment proposals are in preparation for new and redeveloped accommodation at Whitechapel. The service for City and Hackney residents provided at Queen Elizabeth Hospital, Hackney is planned to move to Homerton which currently does not have any secondary paediatric services.

The Homerton is an acute Trust with an accident and emergency department (45,700 attendances) which provides 13,700 FCEs of which 88 per cent relates to ELCHA residents. It provides a range of local acute specialties but no secondary paediatric service. There are plans further to develop the site to accommodate the local secondary paediatric services at Queen Elizabeth Hospital.

Newham General is an acute Trust with an accident and emergency department (58,000 attendances) which provides 28,900 FCEs of which 94 per cent are provided to ELCHA residents. There is an additional site at St Andrew's Hospital which provides acute inpatient services without an accident & emergency department and has some ophthalmology outpatients from Moorfields[6].

Community Trusts include Tower Hamlets NHS Trust, Newham Community NHS Trust and City and Hackney NHS Trust (formerly CELFACS) which provide geriatric and mental health services. Newham community is responsible for providing inpatient paediatrics from the Newham General site. Newham and Homerton each provide a small geriatric service. Tower Hamlets Community provides

[6] Since completing the survey, the Newham acute Trust has submitted a Business Case for the transfer of services from St. Andrew's to Newham General.

obstetrics services at the Royal London Hospital site, as well as mental health and elderly services.

The acute trusts together account for 79 per cent of ELCHA activity.

4.5.2 Redbridge and Waltham Forest

There are two trusts in Redbridge and Waltham Forest operating from two acute sites. Redbridge Healthcare provides services from King George's Hospital. It has an accident and emergency department (68,000 attendances) and provides 32,400 FCEs of which 66 per cent are provided to residents of Redbridge and Waltham Forest. It provides a range of local acute services plus some renal services.

King George's Hospital is the main acute site supported by Chadwell Heath, Barking, and Goodmayes which provide elderly and mental health services. Barking has a minor injuries unit (Upney Lane) and there is a small neurology service at Chadwell Heath.

The Trust plans to expand King George's to deal with the need to rationalise acute elderly services locally and also to cope with potential flows from Barking and Havering following the closure of the accident and emergency department at Oldchurch.

Forest Healthcare is a single site acute hospital with an accident and emergency department at Whipps Cross (79,700 attendances). It provides a range of local acute services totalling 54,400 FCEs of which 84 per cent are provided to residents of Redbridge and Waltham Forest. Whipps Cross is the main site providing a range of local acute services and is supported by seven other elderly and mental health hospitals. Development plans include being the hub of a hub and spoke ophthalmology service, plus the provision of primary care in accident and emergency departments and providing outreach services in the community.

There are no community trusts.

The Acute trusts account for some 79 per cent of Redbridge and Waltham Forest activity.

4.5.3 Barking & Havering

There is only one acute trust in Barking and Havering, the Havering Hospitals Trust, but it operates from two sites, Oldhurch Hospital and Harold Wood Hospital. Until recently, both sites had accident and emergency departments. However, problems with junior doctor training accreditation resulted in the temporary rationalisation of accident and emergency services onto the Oldchurch site. The long term plans of the Trust are to transfer the accident and emergency services to Harold Wood Hospital.

The Trust provides 60,800 FCEs of which 81 per cent are provided to residents of Barking and Havering. Oldchurch, the temporary accident and emergency site provides local acute services, and neurosciences and cancer services but does not have obstetrics and paediatrics. Harold Wood has local acute service and a medical receiving room for direct emergency medical admissions, and provides obstetrics and paediatrics. The Trust plans to transfer accident and emergency services to Harold Wood and rationalise acute services accordingly but seeks to retain acute inpatient service provision at Oldchurch and to continue to allow some direct emergency admissions to that site.

Community services are provided by BHB Community Services NHS Trust which provides mental health and geriatric services. Havering Hospitals Trust manages a small amount of geriatric service. The acute trust accounts for 69 per cent of activity for the residents of Barking and Havering.

4.6 South East London

This sector comprises three health authorities, Lambeth Southwark and Lewisham, Bexley and Greenwich Health, and Bromley Health. In total the sector has a population of just under 1.5 million and local residents account for 256,000 FCEs. The average hospitalisation rate is 176 per 1000 residents

the highest hospitalisation rate being for residents of Lambeth Southwark and Lewisham, some 4 per cent above the average.

There are a total of seven acute trusts operating from 12 acute hospital sites. There are seven accident and emergency departments with attendances ranging from 56,000 at Bromley to 80,000 at St Thomas'.

There are two teaching trusts, Guy's & St Thomas' NHS Trust and King's Healthcare NHS Trust.

Figure 12 provides a summary of information relating to the trusts located within this sector.

4.6.1 Lambeth, Southwark & Lewisham

There are four trusts operating within Lambeth Southwark and Lewisham from a total of seven acute inpatient sites.

Lewisham Hospital NHS Trust is an acute Trust with an accident and emergency department (71,500 attendances) and provides 31,100 FCEs of which 76 per cent relates to residents of Lambeth Southwark and Lewisham. It provides a range of local acute specialties plus cancer (not radiotherapy) and specialist paediatrics. There is a second site at Hither Green which provides neurology, geriatric and mental health services. The Trust plans to close Hither Green and transfer services to the main site in 1997 for clinical reasons including low work volumes, staffing difficulties, failure to adhere to professional guidelines and quality standards.

King's College Hospital is a teaching hospital with an accident and emergency department (78,100 attendances) and provides 56,000 FCEs of which 71 per cent relates to Lambeth Southwark and Lewisham residents. The accident and emergency department at Denmark Hill is supported by a range of acute and specialist services including neurosciences, cardiothoracic, liver, plastics & specialist paediatrics. Cancer services have already been transferred to Guy's & St Thomas'. On the second site at Dulwich Hospital, there is a limited range of

medical and surgical work including renal services. The Trust plans to transfer acute services onto the main site by 1997-98.

The Guys & St Thomas's Trust has 2 accident and emergency departments, at Guy's Hospital (77,000 attendances) and at St Thomas' Hospital (80,000 attendances). There are 2 acute sites providing a total of 86,600 FCEs of which 56 per cent relates to Lambeth Southwark and Lewisham residents. Both sites provide a range of local acute and specialist services including cancer, cardiothoracic, plastic, renal specialist medicine specialist paediatrics and specialist surgery. There are plans for the accident and emergency department at Guy's to close and many services to move to St Thomas' Hospital. Guy's Hospital will retain a Minor Injuries Unit (30,000 attendances are estimated) plus elective services (including some inpatients in dermatology, ENT, dental, general surgery, gastroenterology, ophthalmology, trauma & orthopaedics and urology).

Community Trusts include Lewisham and Guy's Mental Health, and West Lambeth Community NHS Trust. Both trusts do some mental illness services including elderly mental illness.

The acute trusts together account for 87 per cent of activity for Lambeth Southwark and Lewisham residents.

Finally, the Bethlem & Maudsley provides services from Maudsley Hospital (Denmark Hill), Bethlem Hospital and Knights Hill. All provide mental illness services. The Maudsley Hospital site is used by King's Healthcare NHS Trust to provide neurosurgery and continues to do so pending the further development of Kings' College Hospital.

4.6.2 Bexley & Greenwich

There are two acute trusts in Bexley and Greenwich operating from two acute inpatient sites.

Until recently the Greenwich Healthcare Trust operated from the Greenwich District Hospital and the Brook General Hospital. Both sites had accident and emergency departments and the Brook provided

neurosurgery and cardiothoracic services. Since February 1995, the Brook accident and emergency department closed on account of problems with training accreditation for junior doctors. Long-standing plans to transfer the specialist services into inner London took place (neurosurgery to King's and the Maudsley and cardiothoracic services divided between King's and Guy's and St Thomas'). The local services transferred in part to Greenwich District Hospital (acute inpatients) and to Queen Elizabeth Hospital, acquired from the MOD for use as a NHS Hospital. The Trust plans to ultimately move all its services from Greenwich District Hospital to a redeveloped Queen Elizabeth Hospital.

The accident and emergency department at Greenwich District Hospital provides some 60,000 attendances and provides 37,800 FCEs of which 86 per cent relate to residents of Bexley and Greenwich Health[7]. Queen Elizabeth Hospital provides services to the elderly and outpatients and has an Minor Injuries Unit. The Trust also manages the Memorial Hospital which provides mental health services.

The other local Trust is Queen Mary's Sidcup NHS Trust which provides a local acute service from a single accident and emergency department (69,000 attendances) and provides 24,700 FCEs of which 74 per cent provided to residents of Bexley and Greenwich Health. Current plans include development to accommodate mental health services currently provided at Bexley Hospital.

Together the two acute trusts account for 72 per cent of total FCEs for Bexley and Greenwich residents.

The Oxlease NHS Trust provides mental health services to the residents of Bexley. Greenwich provides a geriatrics service and the mental health service for Greenwich residents.

Bexley and Greenwich Health Authority are keen to initiate plans for specialty and sub-specialty rationalisations across local trusts to meet the forthcoming requirements of Calman in terms of medical training.

[7] The Figure in the table includes A&E attendances at the now closed Brooks Hospital.

They are encouraging pairing of trusts in terms of the development of clinical teams covering more than one trust. Cancer services are a major agenda item for the future; this was also reported in discussion with other health authorities.

4.6.3 Bromley

There is only one local acute trust, Bromley Hospitals, but it operates from three acute inpatient sites (Bromley Hospital, Orpington and Farnborough) plus Beckenham (outpatients & day services only). The accident and emergency department is at Bromley Hospitals Trust (56,000 attendances). All three inpatient sites provide local acute services but the focus of specialty services is at Farnborough which is by far the largest site and takes direct admissions.

There are long-standing plans to rationalise acute hospital provision in Bromley. Until recently the plans involved the development of services at a new site at Elmfield, but planning consent was withheld and now the Trust plans to move all acute inpatient services to Farnborough. Orpington and Beckenham will be retained to provide outpatients services. The strategy is scheduled for completion in 2001. As reported by the Trust, the strategy driven by crumbling infrastructure, the high cost of backlog maintenance, poor clinical quality derived of multi-site working, and junior doctor training and hours.

The acute trust accounts for 67 per cent of acute services for residents of Bromley Health.

The community trust, Ravensbourne provides community and mental health services to the residents of Bromley.

4.7 South West London

There are three health authorities in South Thames West: Merton Sutton & Wandsworth; Kingston and Richmond; and Croydon. Together they cover a total population of 1.2 million and account for some 229,000 FCEs. The average hospitalisation rate is 185 per 1,000 resident population with a

minimum of 175 (Croydon) and a maximum of 192 (Merton Sutton and Wandsworth).

There are a total of five acute trusts operating from six acute hospital sites. Five of the sites have accident and emergency services with attendances ranging from 37,200 at Richmond Twickenham and Roehampton to 87,600 at the Mayday. There is one teaching trust, St George's Hospital, Tooting.

Figure 13 provides a summary of information relating to the trusts located within this sector.

4.7.1 Merton Sutton & Wandsworth

There are a total of three acute trusts operating from four acute inpatient sites and three accident and emergency sites.

St George's Hospital NHS Trust is a teaching hospital with an accident and emergency department comprising 77,300 attendances, and a range of local acute and specialist services including cancer, cardiothoracic, neurosciences, plastics, renal specialist medicine and surgery and specialist paediatrics. It provides 57,700 FCEs of which 69 per cent relates to residents of Merton Sutton and Wandsworth. They operate from two acute sites, St George's and Atkinson Morley Hospital (neurosciences) and the Trust also manages the Bolingbroke Hospital (elderly and range of outpatients). The Atkinson Morley neurosciences services is scheduled to move to St George's following purchaser endorsement received as a result of the South Thames Review of Neurosciences. This will leave behind the Wolfson rehabilitation centre at the Atkinson Morley site providing range of neurological rehabilitation and possibly a range of outpatients services (the local plans are not yet complete). Site development plans at St George's also include ongoing replacement of older buildings (e.g. elderly rehabilitation, cardiothoracic etc.).

Richmond Twickenham and Roehampton NHS Trust provide an accident and emergency service at Queen Mary's Roehampton (37,200 attendances) and a total of 26,900 FCEs of which 45 per cent is Merton, Sutton and Wandsworth. The Trust provides a range of local

acute services, plus specialist paediatrics plus plastic & burns. Acute medical surgical obstetrics & paediatrics services are provided from a single A&E site at Queen Mary's University Hospital. The Trust also manages Putney Hospital (elderly & outpatients) Barnes (EMI) Richmond Royal Hospital (mental health) and Normansfield (mental health).

St Helier NHS Trust is a local acute Trust with an accident and emergency service (74,300 attendances) and provides 49,700 FCEs of which 81 per cent relates to residents of Merton Sutton and Wandsworth. The Trust provides a range of local acute services plus renal, specialist paediatrics. All services are provided from one acute inpatient site, St Helier Hospital, but the Trust also provides substantial acute services from Sutton (eye casualty, day surgery and EMI - no acute inpatients). Community services are also provided at the Nelson Hospital (elderly & outpatients) and the Henderson Hospital (mental illness). Until recently there was a Minor Injuries Unit at the Nelson but this is now shut. Part of the St Helier site is a dedicated Children's hospital, Queen Mary's, with a children's accident and emergency department (20,500 attendances).

Community trusts include Merton & Sutton Community (geriatric), Pathfinder (mental illness) and Wandsworth Community Trust (community services). Geriatric services also provided by St George's. Geriatric and mental illness are provided at St Helier and the Richmond, Twickenham and Roehampton Trusts.

The Royal Marsden Sutton branch provides radiotherapy to residents of Merton Sutton and Wandsworth (discussed as a Trust in North Thames West).

The acute trusts together provide 78 per cent of FCEs received by residents of Merton Sutton & Wandsworth. There are ongoing discussions about the reconfiguration of a number of acute specialties across the hospitals but no plans to move services as yet. Recommendations are due in July 1996. The review was initiated in response to Calman (training) and the health authorities financial difficulties.

4.7.2 Kingston & Richmond

There is one acute trust providing accident and emergency services from a single site, Kingston Hospital, which has an accident and emergency department with 72,000 attendances. It provides 33,500 FCEs of which 68 per cent are residents of Kingston and Richmond. There are no specialist services provided (except outpatients). Geriatric and mental illness services are provided by Kingston & District Community and Teddington Memorial. Although there is a small element of acute geriatrics at Kingston. The acute trust accounts for 40 per cent of FCEs for Kingston and Richmond residents.

The review of acute services in Merton Sutton and Wandsworth also includes services in Kingston and Richmond. Interestingly, ophthalmology inpatients moved to St George's' in 1994-95 but moved back in 1996-97. ENT inpatients went to Richmond, Twickenham and Roehampton in 1993-94 and discussions are now being held with a view to repatriation of many of these services as day cases for 1996-97.

4.7.3 Croydon

There is only one trust, The Mayday NHS Trust, which is a single site accident and emergency trust (87,600 attendances) providing 42,400 FCEs of which 89 per cent relates to Croydon residents. It accounts for 67 per cent of the total FCEs for Croydon residents. The Trust also manages Purley Hospital (outpatients & elderly). The Trust plans to develop Purley to include ante-natal, and other outpatient clinics it is also looking at expanding outreach and care at home. Croydon plan to transfer specialist urology & ENT to non-local providers.

5. Acute Hospital Configurations

5.1 Introduction

The sector profiles presented in Section 4 illustrate the diversity of service provision that currently exists across London. This section presents a pan-London perspective of the current distribution of specialty services across the various acute trusts.

What follows is a description of the ranges of services provided by Trusts providing an accident and emergency service, and non-accident and emergency Trusts. A commentary is included at the end of this section which draws out some of the key themes and issues for further consideration by the London Commission. Further detailed information is provided in a separate appendix.

5.2 Trusts providing an Accident and Emergency service

Across London there are a total of 31 acute trusts which provide accident and emergency services. Mount Vernon and Watford has not been included in this analysis since the accident and emergency department is located at Watford which is outside the study area. The 1994-95 HES data supplied by the Department of Health has been used to establish which of these trusts provide which specialty services and how sizes of departments vary. It is important to note that the analysis is based on Trusts not on sites. The analysis shows where a trust provides a service regardless of which hospital site is used.

The analysis presented below illustrates large differences between trusts in terms of the range of services provided and the sizes of different units. The definitions of specialties is that given on the HES data and relates to the specialty code assigned to the patient record by the hospital. Coding practices differ between hospitals as do the arrangements for providing some specialties (e.g. in some hospitals urology is undertaken under the umbrella of general surgery and in others it is a separate specialty, similar examples include gastroenterology being provided within general medicine). These differences in the demarcation between specialties may account for some of the variability shown below but it is thought unlikely that they account for all of the differences between Trusts.

Notwithstanding the above, some of the Trusts recorded a few FCEs against a specialty code often where the specialty is not actually available. For the purpose of this analysis, therefore, for Trusts recording FCEs of less than 5 per cent of the average for a particular specialty it has been assumed that this specialty is not provided.

Specialty availability is described in Figure 14.

5.2.1 Services available at all A&E Trusts

All 31 of the Trusts with A&E departments provide an inpatient and daycase service in general surgery and trauma and orthopaedics and a gynaecology and obstetrics service.

Taking each of these specialties in turn:

General Surgery

- a total of 113,619 inpatient FCEs and 56,716 daycase FCEs were recorded;
- the average size of the inpatient services was 3,665 FCEs with departments ranging from a minimum of 1,530 FCEs to a maximum of 6,582 FCEs;
- daycase units ranged from 366 to 3,671 FCEs with an average of 1,830.

Trauma And Orthopaedics

- a total of 64,329 inpatient FCEs were recorded and 19,320 daycases;
- the average size of inpatient unit was 2,075 FCEs ranging from 1,008 to 4,319 FCEs;

- daycase units varied from 163 to 1,258 FCEs with an average of 623.

Gynaecology and Obstetrics Services (excluding birth related FCEs)

- a total of 69,554 inpatient FCEs and 64,911 daycases;
- average of 2,244 ranging from 1,029 FCEs to a maximum of 3,553 FCEs;
- daycase units ranged from 348 to 3,863 FCEs with an average of 2,094.

5.2.2 Services available at almost all A&E Trusts

The following section analyses those specialties which are available at 90 per cent or more of the trusts providing an accident and emergency service according to the HES dataset.

General Medicine

According to the HES data 30 of the 31 accident and emergency Trusts provided general medical services. The Trust which did not have recorded activity for general medicine was Central Middlesex. The published data, however, indicated a small inpatient service (294 FCEs) in general medicine[8]. Of the remaining units:

- there was a total of 164,216 inpatient FCEs;
- departments ranged in size from 1,175 to 12,257 FCEs;
- the average size of a department was 5,663 FCEs;
- daycases were relatively small by comparison with a total of 28,172 FCEs across all trusts.

[8] Ordinary And Daycase Admissions For England, Financial Year 1994-95, Department Of Health

Paediatrics

Paediatrics is also not universally available across all of these trusts. Inpatient paediatrics is not available at the Homerton Hospital and is not recorded as being available at Newham; in practice, at Newham the service is available on-site but it is managed by the Community Trust. At Homerton, the service for City and Hackney residents is provided at the Queen Elizabeth Hospital, Hackney Road. The current plans are for this element of the Queen Elizabeth service to transfer to the Homerton hospital once new facilities are in place. Of the remaining Trusts:

- there was a total of 57,969 FCEs recorded;
- the size of departments ranged from a minimum of 865 FCEs to a maximum of 3,851;
- the average size of a department was 1,999 FCEs;
- daycases comprise a total of 4,957 FCEs.

Urology

An inpatient urology service is available at 28 of the 31 trusts, with daycases available at 29. The three hospitals where there is no inpatient service are QMS, Lewisham and the Homerton, although Lewisham does have a daycase service. All three of these trusts are smaller than the average size of acute trust in terms of overall FCEs. Of the remaining trusts:

- there was a total of 75,039 FCEs recorded;
- there were more recorded daycases (38,151) than there were inpatients (36,888);
- the size of inpatient departments ranged from a minimum of 428 FCEs to a maximum of 3,658, with an average of 1,317;

- the size of daycase units ranged from a minimum of 289 FCEs to a maximum of 3,377, with an average of 1,316.

Geriatric Medicine

Inpatient geriatric services are available at 28 trusts (90 per cent), with daycases available at 11 (35 per cent). Three trusts which are recorded as not having an inpatient service are the North Middlesex, Guy's & St Thomas' and Northwick Park & St Marks. It is likely that within these trusts there is an integrated service with general medicine and therefore activity is not specifically recorded as geriatric or is treated as part of a Community Trust.

Overall within these trusts:

- there was a total of 61,629 FCEs recorded;
- these were predominantly inpatients (60,700);
- the size of inpatient departments ranged from a minimum of 304 FCEs to a maximum of 5,741 with an average of 2,168.

This diversity illustrates not only the differences between units in terms of the size of the service offered, but also the effect of the different management arrangements which prevail across community and acute trusts.

5.2.3 Services available at the majority of A&E Trusts

The following section analyses those specialties which are available at between 50 and 90 per cent or more of trusts according to the HES dataset.

ENT

Inpatient ENT services are available at 22 trusts (71 per cent), with daycases available at 24 (77 per cent). Three trusts which are recorded as having a daycase service without an inpatient unit, namely Newham,

Kingston and Ealing. Interestingly Chelsea and Westminster are recorded as having an inpatient service but no daycase services. Within these trusts:

- there was a total of 52,028 FCEs recorded;
- of these 37,258 were inpatients and 14,770 were daycases;
- the size of inpatient departments ranged from a minimum of 287 FCEs to a maximum of 5,793 with an average of 1,694;
- the size of daycase units ranged from a minimum of 215 FCEs to a maximum of 1,841 with an average of 615.

Ophthalmology

Inpatient ophthalmology services are available at 19 trusts (61 per cent), with daycases available at 23 (74 per cent). Four trusts are recorded as having a daycase service without an inpatient unit, namely Chase Farm, Chelsea & Westminster; Bromley and West Middlesex. Overall within these trusts:

- there was a total of 32,484 FCEs recorded;
- of these more was provided on a daycase (18,081) basis than inpatient (14,403);
- the size of inpatient departments ranged from a minimum of 90 FCEs to a maximum of 2,256 with an average of 758;
- the size of daycase units ranged from a minimum of 84 FCEs to a maximum of 2,774 with an average of 786.

Dental Specialties

Inpatient dental specialties were available at 27 trusts (87 per cent) with daycases available at 26 (84 per cent). Ealing is recorded as having only a daycase service, whilst St Mary's and Chelsea & Westminster is recorded as having only an inpatient service. Overall within these trusts:

- there was a total of 28,602 FCEs recorded;
- of these more was provided on a daycase (18,449) basis than inpatient (10,153);
- the size of inpatient departments ranged from a minimum of 28 FCEs to a maximum of 1,158 with an average of 376;
- the size of daycase units ranged from a minimum of 42 FCEs to a maximum of 2,782 with an average of 710.

Anaesthetics (pain relief)

Inpatient anaesthetics were available at 27 trusts (87 per cent) with daycases available at 26 (84 per cent). West Middlesex, Chelsea & Westminster and Mayday are recorded as having only an daycase service, whilst the Royal Free and RTR are recorded as having only an inpatient service. Within these trusts:

- there was a total of 13,894 FCEs recorded;
- this service is predominantly daycase (11,959) basis than inpatient (1,935);
- the size of inpatient departments ranged from a minimum of 5 FCEs to a maximum of 477 with an average of 72;
- the size of daycase units ranged from a minimum of 54 FCEs to a maximum of 2,238 with an average of 460.

Gastroenterology

Inpatient gastroenterology was available at 17 trusts (55 per cent) with daycases available at 18 (58 per cent). West Middlesex, Chelsea & Westminster and Mayday are recorded as having only a daycase service, whilst the Royal Free NHS Trust and Richmond, Twickenham and Roehampton are recorded as having only an inpatient service. Overall within these trusts:

- there was a total of 35,137 FCEs recorded;
- this service is predominantly daycase based (25,187) rather than inpatient based (9,950);
- the size of inpatient departments ranged from a minimum of 36 FCEs to a maximum of 1,685 with an average of 585;
- the size of daycase units ranged from a minimum of 129 FCEs to a maximum of 3,132 with an average of 1,399.

Cardiology

Inpatient cardiology services are available at 21 trusts (68 per cent), with daycases available at 15 (48 per cent).

Overall within these trusts:

- there was a total of 30,806 FCEs recorded;
- of these 21,343 were inpatients and 9,463 were daycases;
- the size of inpatient departments ranged from a minimum of 160 FCEs to a maximum of 2,998 with an average of 1,016;
- the size of daycase units ranged from a minimum of 49 FCEs to a maximum of 2,057 with an average of 631.

Dermatology

Inpatient dermatology services are available at 26 trusts (84 per cent), with daycases available at 14 (45 per cent).

Overall within these trusts:

- there was a total of 6,257 FCEs recorded;
- the service is predominantly delivered on a daycase basis (4,685) rather than inpatient based (1,572);
- the size of inpatient departments ranged from a minimum of 3 FCEs to a maximum of 640 with an average of 60;
- the size of daycase units ranged from a minimum of 60 FCEs to a maximum of 761 with an average of 335.

Neurology

Inpatient neurology services are available at 16 trusts (52 per cent), with daycases available at 12 (39 per cent).

Overall within these trusts:

- there was a total of 10,470 FCEs recorded;
- of these 9,247 were inpatients and 1,223 were daycases;
- the size of inpatient departments ranged from a minimum of 34 FCEs to a maximum of 3,122 with an average of 578;
- the size of daycase units ranged from a minimum of 4 FCEs to a maximum of 330 with an average of 102.

Rheumatology

Inpatient rheumatology services are available at 26 trusts (84 per cent), with daycases available at 19 (61 per cent).

Overall within these trusts:

- there was a total of 6,721 FCEs recorded;
- of these 5,448 were inpatients and 1,273 were daycases;
- the size of inpatient departments ranged from a minimum of 12 FCEs to a maximum of 1,033 with an average of 210;
- the size of daycase units ranged from a minimum of 2 FCEs to a maximum of 355 with an average of 67.

Haematology (Clinical)

Inpatient haematology (clinical) services are available at 19 trusts (61 per cent), with daycases available at 18 (58 per cent). Only the Homerton is recorded as having an inpatient service without an accompanying daycase service.

Overall within these trusts:

- there was a total of 20,947 FCEs recorded;
- of these 8,618 were inpatients and 12,329 were daycases;
- the size of inpatient departments ranged from a minimum of 27 FCEs to a maximum of 3,345 with an average of 454;
- the size of daycase units ranged from a minimum of 41 FCEs to a maximum of 2,559 with an average of 685.

5.2.4 Services only available at a minority of A&E Trusts

The following section describes those services that are only available at 50 per cent or fewer A&E trusts.

Endocrinology

Inpatient endocrinology services are available at nine trusts (29 per cent), with daycases available at eight (26 per cent). Newham, Kings and Central Middlesex are recorded as providing an inpatient service without daycases, whilst Guy's & St Thomas' and RTR are recorded as only providing daycase services.

Overall, within these trusts:

- there was a total of 6,949 FCEs recorded;
- of these 4,305 were inpatients and 2,644 were daycases;
- the size of inpatient departments ranged from a minimum of 38 FCEs to a maximum of 948 with an average of 478;
- the size of daycase units ranged from a minimum of 29 FCEs to a maximum of 1,095 with an average of 331.

Rehabilitation

Inpatient rehabilitation services are available at five trusts (16 per cent), with daycases available at only one trust, namely Northwick Park & St Marks.

Overall within these trusts:

- there was a total of 350 FCEs recorded;
- of these 344 were inpatients and 6 were daycases; and

- the size of inpatient departments ranged from a minimum of 11 FCEs to a maximum of 154 with an average of 69.

Thoracic Medicine

Inpatient thoracic medical services are available at 13 trusts (42 per cent), with daycases available at 12 (39 per cent). The Royal Free is recorded as being having only a daycase service, whilst Queen Mary's Sidcup and North Middlesex are recorded as having only an inpatient service.

Overall, within these trusts:

- there was a total of 11,166 FCEs are recorded;
- of these 8,768 were inpatients and 2,398 were daycases;
- the size of inpatient departments ranged from a minimum of 44 FCEs to a maximum of 2,643 with an average of 674;
- the size of daycase units ranged from a minimum of 23 FCEs to a maximum of 581 with an average of 200.

Cancer Services

Inpatient cancer services are available at 9 trusts (29 per cent), with daycases available at 3 (10 per cent).

Overall within these trusts:

- there was a total of 13,384 FCEs recorded;
- of these 7,762 were daycases and 5,622 were inpatients;
- the size of inpatient departments ranged from a minimum of 62 FCEs to a maximum of 1,145 with an average of 625;

- the size of daycase units ranged from a minimum of 1,526 FCEs to a maximum of 4,543 with an average of 2,587.

Specialist Medicine

Inpatient specialist medicine services are available at six trusts (19 per cent), with daycases available at three (10 per cent).

Overall within these trusts:

- there was a total of 831 FCEs recorded;
- of these 585 were inpatients and 246 were daycases;
- the size of inpatient departments ranged from a minimum of 3 FCEs to a maximum of 307, with an average of 98;
- the size of daycase units ranged from a minimum of 11 FCEs to a maximum of 162 with an average of 82.

Renal Services

Inpatient renal services are available at seven trusts (23 per cent), with daycases available at three (10 per cent).

Overall, within these trusts:

- there was a total of 36,522 FCEs recorded;
- of these 13,814 were inpatients and 22,708 were daycases;
- the size of inpatient departments ranged from a minimum of 666 FCEs to a maximum of 5,827 with an average of 1,973;
- the size of daycase units ranged from a minimum of 382 FCEs to a maximum of 14,598 with an average of 7,569.

Medical Oncology

Inpatient medical oncology services are available at nine trusts (29 per cent), with daycases available at eight (26 per cent). Redbridge Healthcare is recorded only having a daycase service, whilst the Royal Free and St George's are recorded as only having an inpatient service.

Overall, within these trusts:

- there was a total of 16,700 FCEs recorded;
- of these 8,970 were inpatients and 7,730 were daycases;
- the size of inpatient departments ranged from a minimum of 142 FCEs to a maximum of 2,238 with an average of 997;
- the size of daycase units ranged from a minimum of 66 FCEs to a maximum of 4,698 with an average of 966.

Specialist Paediatrics

Inpatient specialist paediatric services are available at 11 trusts (35 per cent), with daycases available at 11 (35 per cent). Hillingdon is recorded as only having an inpatient service, whilst UCLH is recorded as having only a daycase service.

Overall, within these trusts:

- there was a total of 10,466 FCEs recorded;
- of these 6,046 were inpatients and 4,420 were daycases;
- the size of inpatient departments ranged from a minimum of 33 FCEs to a maximum of 1,276 with an average of 550;
- the size of daycase units ranged from a minimum of 22 FCEs to a maximum of 937 with an average of 402.

Neurosurgery

Inpatient neurosurgery is provided at eight trusts (26 per cent) with daycases available at 6 (19 per cent). Greenwich and Chelsea & Westminster (which provides a relatively small service) are recorded as having an inpatient service but no daycase service.

Overall within these trusts:

- there was a total of 8,421 FCEs recorded;
- this service is predominantly inpatient based (8,152) with daycase accounting for a relatively small service (269);
- the size of inpatient departments ranged from a minimum of 56 FCEs to a maximum of 2,228 with an average of 1,019;
- the size of daycase units ranged from a minimum of 16 to a maximum of 90 with an average of 45.

Plastic Surgery

Inpatient plastic surgery is provided at eight trusts (26 per cent) with daycases available at 12 (39 per cent).

Overall within these trusts:

- there was a total of 16,311 FCEs recorded;
- of these inpatients account for 7,808 and daycases for 8,503;
- the size of inpatient departments ranged from a minimum of 123 FCEs to a maximum of 2,748 with an average of 976;
- the size of daycase units ranged from a minimum of 36 FCEs to a maximum of 2,869 with an average of 709.

Cardiothoracic Surgery

Inpatient cardiothoracic surgery is provided at eight trusts (26 per cent) with daycases available at five (16 per cent).

Overall within these trusts:

- there was a total of 10,755 FCEs recorded;
- the service predominantly inpatient based (10,528);
- the size of inpatient departments ranged from a minimum of 650 FCEs to a maximum of 2,449 with an average of 1,316.

5.3 Trusts without Accident and Emergency departments

In addition to the 31 Trusts with A&E departments, there are a further eight which operate without an A&E department. These are as follows:

5.3.1 *Royal London Homeopathic NHS Trust*

This Trust provides homeopathic services on a largely outpatient basis.

5.3.2 Royal National Orthopaedic Hospital NHS Trust (RNOH)

The RNOH provides 6,737 FCEs, most of these are classified as trauma and orthopaedics (5,740). This compares to the average size of trauma and orthopaedic departments across A&E Trusts of 2,698. The RNOH provides approximately 6.5 per cent of the total trauma & orthopaedic activity provided across all Trusts. The size of the department is the largest of all London Trusts, with only the Havering Hospitals Trust having the only other department which provides over 5,000 FCEs.

5.3.3 *Great Ormond Street Hospital for Sick Children NHS Trust (GOSH)*

GOSH provides 17,742 FCEs, of which only 738 are classified as paediatric medicine. A further 3,111 are classified as specialist paediatrics. A further 13,893 are classified across the other acute specialties. The size of the paediatric service is not only larger than any other Trust within London, but in terms of overall size it is larger than the Homerton Hospital. Also with regard to individual departments, many of these are larger than the size of combined (adult and children's) departments that exist within many of the other acute Trusts. For specialist paediatric services, only Lewisham and Royal Hospitals Trust have departments sized around 2,000 FCEs. Interestingly, both of trusts have inherited specialist children's hospitals.

5.3.4 *Moorfields Eye Hospital NHS Trust (MEH)*

The MEH provides 16,707 FCEs, all of which are classified as ophthalmology. It is by far the largest ophthalmology department in London. It compares to the average size of a department within the A&E Trusts of 1,544. Only four other A&E trusts have a workload of between 2,000 and 2,500 FCEs, excluding St Mary's which has a workload of 5,030, but which is provided on a separate specialist hospital site.

5.3.5 *Harefield Hospital NHS Trust*

The Harefield Hospital NHS Trust provides 6,857 FCEs. Of this, 3,447 (50 per cent) is classified as cardiothoracic surgery and 3,011 (44 per cent) is classified as cardiology and 400 (6 per cent) is classified as thoracic medicine. The Harefield provides more cardiothoracic surgery than any other Trust (including the Royal Brompton). However, in terms of a combined cardiothoracic service, the departments at the Royal Hospitals Trust (10,527), and Guy's & St Thomas' (8,251) are larger. In addition, there are relatively large departments at St George's (4,397) and St Mary's (4,864).

5.3.6 *Royal Brompton NHS Trust*

The Royal Brompton provides 13,152 FCEs. Of this, 2,842 (22 per cent) is classified as cardiothoracic surgery, 3,921 (30 per cent) is cardiology and 6,379 (49 per cent) is thoracic medicine. Its cardiology and thoracic medicine services are larger than any other Trust in London.

5.3.7 *Royal Marsden Hospital NHS Trust*

The Royal Marsden provides 17,297 FCEs, all of which is classified as medical oncology. This compares to the average size department within an A&E trust of 1,963. It is by far the largest department within London, with the Hammersmith Hospitals Trust having the next largest department (6,579).

5.3.8 *Bethlem & Maudsley NHS Trust*

The Bethlem & Maudsley NHS Trust provides 1,917 FCEs. Of this, 1,115 (58 per cent) of these are classified as mental health, and the rest neurosurgery and neurology. The neurosciences services are now managed by the Kings Healthcare NHS Trust

The National Hospital for Neurology and Neurological Surgery and the Royal National Throat, Nose and Ear are now managed by the University College Hospital NHS Trust and the Royal Free Hampstead NHS Trust respectively, and as such have been considered within the previous section.

5.4 Commentary

The profiles of individual specialties across the Trusts highlight the enormous diversity in terms of how acute services are provided. There appears to be very little that can be obtained in terms of trying to define a blueprint for how acute services should be provided. However, there are some issues which can distilled from the data presented earlier in this section.

No acute trust appears to be able to provide to support an A&E department without the presence of general surgery, general/geriatric medicine, trauma & orthopaedics and obstetrics/gynaecology. Paediatric medicine also is a key requirement, and in the one instance where it is not available, plans are in hand to rectify this situation. However, whilst the presence of these specialties appears to be core to the functioning of the A&E trust, there still exists an enormous diversity in terms of what the right size or minimum critical mass should be in these services, and to what extent they have or need to sub-specialise. (It should be noted that within these accident and emergency trusts, not all of these services are available on the accident and emergency site - see Section 4, Sector Profiles for a commentary on services for individual trusts.)

There are also a series of other services, which are not available to support every A&E department, but none the less tend to be available within most A&E Trusts which suggests strong affinities. These specialties include:

- urology;
- ENT;
- dental specialties;
- cardiology;
- ophthalmology;
- dermatology;
- rheumatology.

However, from the interview discussions and questionnaire returns, many of these services are the subject of considerable review, with many commissioners eager to rationalise, at least the inpatient service, onto fewer sites, presumably serving larger catchments.

There are other specialties which are not present within a significant number of Trusts. Again, based on current practice, one is forced to conclude that whilst these may be required in support of an A&E department, they do not appear to be essential as separate designated specialties. These services include:

- gastroenterology;
- neurology;
- haematology;

- endocrinology;
- thoracic medicine;
- rehabilitation;
- cancer services / medical oncology;
- renal services;
- medical oncology;
- neurosurgery;
- specialist paediatrics;
- plastic surgery;
- cardiothoracic surgery.

As can be seen these specialties seem to fall into two groups. The first are the smaller medical specialties. These are emerging specialties, and it may be the case that often physicians with special interests are increasingly replacing generalists. It may be that over time, most acute hospitals will be staffed in this way, especially as the implications of Calman (training) begin to impact on medical staffing profiles.

The second group of specialties are often referred to as the traditional regional specialties. These have been subject to numerous reviews, most of which propose the rationalisation of services onto fewer sites each serving larger catchments. Measures of minimum size of unit in these services, generally do exist and, as previous reviews have reported, against these criteria many of London's units are too small (see for example each of the five specialty reviews of the London Implementation Group -LIG.)

It should be noted that comments received during the interviews suggested two opposing views as to the development of acute specialties:

- that all accident and emergency hospitals needed a core of specialties wider than the range currently prevailing and that there would be strong clinical pressure for fewer centres serving larger catchment populations[9];

- there was no longer a blue print of what a DGH should be and that more flexible and varied range of hospitals were likely to evolve. When fed back to the Support Group the Project Team were advised that this debate is

[9] It is understood that new guidance will be forthcoming from the British Association of Accident & Emergency Medicine in 1997.

being considered at the Department of Health as it sought to reconcile the recommendations for multi-specialty acute hospitals with a wide range of core specialties coming from the Royal Colleges, and the situation prevailing in practice, where such hospitals are few and far between, at least in London.

6. Changes In Acute Hospital Configurations

6.1 Introduction

The results of the survey as described in the previous two sections represent a cross-sectional view of acute services across London in the mid-1990's. However, the service is not static; it has changed considerably in recent years and is expected to continue to change in response to the inevitable pressures and opportunities available.

6.2 Recent changes in hospital configurations

There is no definitive source to use to draw up a picture of acute hospital configurations across London in the past and how they have changed over time. Therefore, it has been necessary to base information on the NHS Year Books and liaise with health authorities to undertake an analysis of the hospital sites which were in use in the NHS in 1981 and 1995, and how these sites are likely to change in the future. The following discussion presents the results of that analysis. The results must be treated with caution since, although the findings are considered to be reasonably accurate, it has not proved possible to validate the information via published sources.

The configuration of acute services across London has changed dramatically since 1981 and continues to do so. Figure 15 illustrates an analysis of the acute inpatient hospital sites which were in use in 1981 and the range of services provided on those sites in 1981 and 1995. The figure shows that of the 117 sites used for acute hospital services in 1981, 47 had accident and emergency or significant casualty departments, a further 70 provided acute hospital services from sites which did not have accident and emergency departments, 11 were stand alone maternity hospitals and some 43 were single specialty hospitals of one kind or another.

By 1995, the accidents and emergency services had been consolidated on to 34 departments, some of these onto new hospital sites. Of the 70 acute hospitals which provided services without the support of an accident and emergency department, only 11 remain. Many of these 70 hospitals were small acute hospitals, some with only one or two wards providing general medicine and surgery. Of the 11 which remain, the services are generally more substantiated

in size. The maternity services on 10 of the 11 maternity hospitals have been transferred to other hospital sites, and the number of single specialty sites has been almost halved from 43 to 21. Some sites have been closed altogether, some 72 have been taken out of NHS use. Many others are being used to provide community services or GP services, a total of 38 sites which were once used for general acute services are now being used for community services with or without inpatients, geriatrics, mental illness, and other primary and community functions.

The detailed review of sites which lies behind this is presented in a separate appendix.

A summary of changes by sector is provided below:

North West London

- the 14 accident and emergency/casualty departments have been consolidated onto nine sites including the new Chelsea and Westminster Hospital;

- the 11 acute hospitals without accident and emergency departments have been reduced to two (Mount Vernon, in Hillingdon and St Charles' Hospital, Exmoor Street, KCW), with many of the small units closing or converting to community hospitals;

- the closure of the Perivale Maternity Hospital leaves Queen Charlottes Hospital as the only single site maternity hospital in London;

- the nine single specialty hospitals have fallen in number to five.

Central North London

- the 10 accident and emergency departments have been reduced to seven, with the most change occurring in the former Bloomsbury Health Authority with The Middlesex, and the National Temperance both losing their accident and emergency function and also Highlands Hospital in Enfield and Haringey.

- the 12 hospitals without an accident and emergency departments in 1981 have all changed use or closed, the one site which functions in this way now in this sector is The Middlesex Hospital;

- all three maternity hospitals have been transferred to multi-specialty hospitals;

- the number of single specialty hospitals has fallen from 23 to 10, the main changes occurring within Camden and Islington, examples including, St Philips (nephrology) St Peter's and St Paul's (urology), the Shaftesbury (urology), the Royal Ear Hospital (ENT) all of which transferred to University College Hospital, the National Heart Hospital (cardiothoracic), the Holborn branch of Moorfields, the Golden Square branch of the Royal National Throat Nose and Ear Hospital, St Johns (dermatology - transferred to St Thomas' Hospital).

North Thames East

- the nine accident and emergency departments has been reduced to six including new units at King George's and Newham.

- the 19 sites which used to provide acute care without the support of an accident and emergency department has fallen to four (St Bartholomew's, St.Andrew's, Harold Wood, and Mile End);

- the two single site maternity hospitals have both transferred to other sites.

South Thames East

- the accident and emergency department at the Brook has closed reducing the number from eight to seven.

- the number of acute sites without an accident and emergency department has reduced from 14 to four (Dulwich, Hither Green, Farnborough and Orpington);

- all of the single specialty hospitals have been transferred to multi-campus sites (both children's hospitals in Lewisham and the Ear Hospital).

South Thames West

- the number of accident and emergency departments has reduced from seven to five (the Purley & District War Memorial Casualty in Croydon closed as did the St James Hospital in Merton Sutton and Wandsworth);

- the 13 acute hospital sites without accident and emergency departments have all closed and services transferred to other sites;

- the maternity hospital has been transferred to a multi-specialty site;

- the single specialty hospitals which closed in the past, the Dental Hospital and the Royal Eye Hospital, reduced the total from four to two (the Marsden and the Atkinson Morley's Hospital).

Overall the consolidation of acute inpatient services in London has been overwhelming with regards to acute inpatient services. In many instances this has left the former acute hospitals, with or without A&E departments, searching for a new identity. This has led, in many cases to the emergence of a new role for many of these hospitals. They have been used to provided acute day and outpatient services and community inpatient services. In part, the development of these services may have been facilitated by technological developments (e.g. developments in anaesthetics) and the perceived need to maintain access for local residents. However, in the absence of local political considerations, it is debatable how many of these hospitals would have converted to this new non-inpatient role, or how many of them would simply have closed over the last 15 years.

6.3 Proposed changes

Despite the large scale changes that have occurred over the past 15 years, a large number of Trusts still have outstanding plans for further centralisation of acute services.

It is anticipated that if the plans for change described in Section 4 materialise, then further reductions in the number of accident and emergency departments can be expected. Plans are in place for the closure of Guy's accident and emergency department and Edgware accident and emergency department.

Examples of acute hospital sites without an accident and emergency department to support them will fall from the current 10, to only three, Guy's Hospitals, Oldchurch and Mount Vernon. The last remaining maternity hospital at Queen Charlottes will transfer to the Hammersmith Hospital and the number of single specialty hospitals will decrease from the current 21 to 14.

The role of the community hospital is expected to continue to develop with many of the former acute sites expected to become community sites with and without inpatient geriatrics but complemented by minor injuries units, day surgery, and outpatients. Examples already exist at Sutton Hospital, St Charles Hospital, and Beckenham Hospital, and new examples are developing at Purley in Croydon, Orpington in Bromley and possibly at Edgware Hospital in Barnet.

The further changes that are proposed are summarised by sector below:

North Thames West

- Currently no further rationalisations of accident and emergency departments are planned;

- Queen Charlottes Hospital as the only single site maternity hospital in London, is expected to move to the Hammersmith Hospital NHS Trust;

- two single specialty hospitals are expected to transfer to St Mary's Hospital in due course (the Samaritan Hospital for Women and the Western Eye Hospital).

North Thames Central

- Further change is planned in Barnet with the closure of the Edgware accident and emergency department and its replacement with a minor injuries unit;

- The Middlesex Hospital, operating as an acute inpatient hospital without an A&E department on site, is due to transfer to the new University College Hospital site; and

- Of the remaining single specialty hospitals, some are expected to remain (e.g. Moorfields, Great Ormond Street, the Homeopathic Hospital) where others will transfer to the new University College Hospital (e.g. the Elizabeth Garret Anderson and Hospital for Women, Soho).

North Thames East

- No further changes to the number of accident and emergency departments are planned;

- Of the three acute hospitals which operate without an A&E department on-site, St Bartholomew's will transfer to the Royal London site, as will the services at Mile End, and the Oldchurch and Harold Wood Hospitals will reverse roles;

- the single specialty hospitals are now due to be transferred to the Royal Hospitals Trust (Queen Elizabeth Hospital, the London Chest Hospital);

- Services at St. Andrew's Hospital, Bow, will transfer to Newham General Hospital.

South Thames East

- Further closures of accident and emergency departments are planned at Guy's Hospital with the service transferring to St Thomas';

- the number of acute sites without an accident and emergency departments is planned to reduce further with the transfer of Dulwich Hospital to King's, and Hither Green to Lewisham. The new proposed development at Farnborough Hospital with the accident and emergency service will facilitate the transfer of services from Bromley Hospital and its subsequent closure. The Orpington service will change to become day and outpatient services plus community inpatients. Guy's Hospital will become an acute hospital without an accident and emergency department.

South Thames West

- No further changes in accident and emergency departments are planned;
- The remaining single specialty hospital, Atkinson Morley's, will move to St George's whilst the Royal Marsden (Sutton) will remain.

Many of the changes listed above build upon the recommendations arising out of the Tomlinson review. The Tomlinson Inquiry proposed, in addition, or at variance with the above, the:

- complete closure of either St Thomas' or Guy's Hospitals;
- transfer of the Royal Brompton and Royal Marsden to the Charing Cross Hospital or its closure.

These changes are no longer planned to take place. The five LIG specialty reviews, whilst not concerned with whole hospitals per se, also proposed a number of changes which have not been taken forward, these included for example:

- the transfer of the neurosciences services from Oldchurch Hospital to the Royal London;
- the transfer of adult and paediatric tertiary plastics and burns service from Queen Mary's University Hospital to Guildford or St George's;
- the transfer of Harefield Hospital tertiary cardiac service to Northwick Park and an Oxford Unit;
- the centralisation of the National / Royal Free neuroscience service at Queen's Square.

6.4 Why change is occurring ?

Without a major review of the published and grey literature relating to the changes described above, it is not possible to provide a comprehensive view of why all of these changes have taken place. The approach adopted as part of

the survey was to ask questionnaire respondents for their opinion as to why change had occurred and would continue. This was complemented by the interview programme. Figure 16 provides a check list of pressures used as part of the questionnaires to structure the response.

Figure 17 shows that of pressures which influenced change in the past, clinical pressures were considered to be amongst the most important, whilst purchaser strategies rated almost as high. However, for many this represented regional strategies rather than the new health authorities. Financial pressures were also considered to be important, but less so than clinical pressures. Other, pressures, considered to be important included public expectations, the development of standards/norms, staffing pressures and estate related pressures. Pressures which were considered to be unimportant in the past included medico-legal pressures and PFI.

In terms of pressures for future change, Figure 18 shows that there seems to be more of an equal balance; all pressures were considered to be relatively important, with the exception of epidemiology, statutory changes, equipment, and medico-legal and PFI. The pressures which were thought to be most important included clinical, financial, purchaser strategy and staffing issues.

Discussions in the interviews about the pressures for change revealed complex inter-relationships between these pressures for change. It was reported that funding issues act as an important driver for the closure of small isolated units which do not provide good value for money; the clinical benefits, whilst evident, are difficult to articulate and to substantiate and rarely act the main trigger for change. Discussions revealed that whilst many of London's acute hospitals have been closed or have changed their use on the strengths of the financial issues, these hospitals were not considered to provide viable and safe clinical services and often required closure for clinical and staffing reasons, funding issues aside. Some interview participants felt that, in justifying change to the public, it was much easier to gain agreement to changes in hospital configurations for financial reasons than for clinical reasons. This meant that in the public perception changes which take place in hospital configurations which result in site closures are solely attributable to funding crises.

Many interviews identified public consultation requirements as a key issue in terms of managing change. There were differences of view as to the role of the public, the appropriateness of public consultation on these issues and the effectiveness of the debate. All were agreed that it was a major factor in terms of managing change. As such it should be included as an agenda item on the separate work programme "managing change" being initiated by the London Commission.

Appendix

Figures referred to in text

Appendix

Figures referred to in the text

Kings Fund London Commission
Systems for Delivering Healthcare

PHASE 1 REVIEW - DECEMBER 1995 TO JUNE 1996
The changing health care system : a review.
A review of developments in the provision of hospital-based services in London.
A review of the literature on substitution between hospital-based and primary care, and an analysis of the major developments affecting primary care in London.
An examination of changing organisational structures in primary care.
A review of the Private Financial Initiative in London
A review of intermediate care, indicating the relevance for other parts of the health care system, and in particular the boundaries between social and health care.

Figure 1

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King's Fund London Commission : Systems for Delivering Health Care
Sectors and Commissioners

SECTOR	COMMISSIONERS
North West	Brent & Harrow HA Ealing & Hammersmith & Hounslow HA Hillingdon HA Kensington & Chelsea and Westminster HA
North Central	Barnet HA Camden & Islington HA Enfield & Haringey HA
North East	Barking & Havering HA East London & The City HA Redbridge & Waltham Forest HA
South East	Bexley & Greenwich Health Bromley Health Lambeth, Southwark & Lewisham HA
South West	Croydon HA Kingston & Richmond HA Merton Sutton & Wandsworth HA

Figure 2

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King's Fund London Commission : Systems for Delivering Healthcare
Trusts by Sector

NORTH WEST	CENTRAL NORTH	NORTH EAST
Hillingdon HA Hillingdon Hospital NHS Trust Mount Vernon & Watford Hospitals NHST Harefield Hospital NHS Trust **Ealing, Hammersmith & Hounslow HA** West Middlesex Hospital NHS Trust Ealing Hospital NHS Trust Hammersmith Hospitals NHS Trust **Kensington & Chelsea and Westminster HA** St.Mary's Hospital NHS Trust Chelsea & Westminster Hospital NHS Trust Royal Marsden Hospital NHS Trust Royal Brompton Hospital NHS Trust **Brent & Harrow HA** Central Middlesex NHS Trust Northwick Park & St.Mark's NHS Trust Royal National Orthopaedic Hospital NHST	**Barnet HA** Wellhouse NHS Trust **Enfield & Haringey HA** North Middlesex Hospital NHS Trust Chase Farm Hospital NHS Trust **Camden & Islington HA** University College Hospital NHS Trust Royal Free Hampstead NHS Trust Great Ormond Street Hospital NHS Trust Royal National Throat, Nose & Ear Hospital Nat.Hospital for Neurology & Neurosurgery Moorfield Eye Hospital Whittington Hospital NHS Trust	**Redbridge & Waltham Forest HA** Redbridge Healthcare NHS Trust Forest Healthcare NHS Trust **East London & The City HA** Royal Hospitals NHS Trust Newham Healthcare NHS Trust Homerton Hospital NHS Trust **Barking & Havering HA** Havering Hospitals NHS Trust

SOUTH EAST	SOUTH WEST
Lambeth, Southwark & Lewisham HA Guy's & St.Thomas' NHS Trust King's Healthcare NHS Trust Bethlem & Maudsley NHS Trust Lewisham Hospital NHS Trust **Bexley & Greenwich Health** Queen Mary's Sidcup NHS Trust Greenwich Healthcare NHS Trust **Bromley Health** Bromley Hospitals NHS Trust	**Merton, Sutton & Wandsworth HA** St. George's Healthcare NHS Trust St. Helier NHS Trust Richmond, Twickenham and Roehampton NHS Trust **Kingston & Richmond HA** Kingston Hospital NHS Trust **Croydon HA** Mayday Healthcare NHS Trust

Figure 3

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King's Fund London Commission
Systems for Delivering Healthcare

COMMISSIONER	RESPONDED	TRUSTS	RESPONDED
NORTH WEST			
Hillingdon HA	YES	Hillingdon Hospital NHS Trust	YES
		Mount Vernon & Watford Hospitals NHS Trust	NO
		Harefield Hospital NHS Trust	YES
Ealing, Hammersmith & Hounslow HA	YES	West Middlesex Hospital NHS Trust	NO
		Ealing Hospital NHS Trust	YES
		Hammersmith Hospitals NHS Trust	YES
Kensington & Chelsea and Westminster HA	YES	St. Mary's Hospital NHS Trust	YES
		Chelsea & Westminster Hospital NHS Trust	YES
		Royal Marsden Hospital NHS Trust	YES
		Royal Brompton Hospital NHS Trust	YES
Brent & Harrow HA	NO	Central Middlesex Hospital NHS Trust	NO
		Northwick Park & St. Mark's NHS Trust	YES
		Royal National Orthopaedic Hospital NHS Trust	NO

King's Fund London Commission
Systems for Delivering Healthcare

COMMISSIONER	RESPONDED	TRUSTS	RESPONDED
CENTRAL NORTH			
Barnet HA	YES	Wellhouse NHS Trust	YES
Enfield & Haringey HA	YES	North Middlesex Hospital NHS Trust	NO
		Chase Farm Hospital NHS Trust	YES
Camden & Islington HA	YES	University College Hospital NHS Trust	YES
		Royal Free Hampstead NHS Trust	NO
		Great Ormond Street Hospital NHS Trust	YES
		Royal National Throat, Nose & Ear Hospital NHS Trust	NO
		National Hospital for Neurology & Neurosurgery	YES
		Moorfield Eye Hospital	NO
		Whittington Hospital NHS Trust	NO

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Figure 4
(2 of 5)

King's Fund London Commission
Systems for Delivering Healthcare

COMMISSIONER	RESPONDED	TRUSTS	RESPONDED
NORTH EAST			
Redbridge & Waltham Forest HA	YES	Redbridge Healthcare NHS Trust	YES
		Forest Healthcare NHS Trust	YES
East London & The City HA	YES	Royal Hospitals NHS Trust	YES
		Newham Healthcare NHS Trust	NO
		Homerton Hospital NHS Trust	YES
Barking & Havering HA	YES	Havering Hospitals NHS Trust	NO

Figure 4
(3 of 5)

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King's Fund London Commission
Systems for Delivering Healthcare

COMMISSIONER	RESPONDED	TRUSTS	RESPONDED
COMMISSIONER	**RESPONDED**	**TRUSTS**	**RESPONDED**
SOUTH EAST			
Lambeth, Southwark & Lewisham HA	YES	Guy's & St.Thomas' NHS Trust	YES
		King's Healthcare NHS Trust	YES
		Bethlem & Maudsley NHS Trust	YES
		Lewisham Hospital NHS Trust	YES
Bexley & Greenwich Health	YES	Queen Mary's Sidcup NHS Trust	NO
		Greenwich Healthcare NHS Trust	NO
Bromley Health	YES	Bromley Hospitals NHS Trust	YES

Figure 4
(4 of 5)

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King's Fund London Commission
Systems for Delivering Healthcare

COMMISSIONER	RESPONDED	TRUSTS	RESPONDED
SOUTH WEST			
Merton, Sutton & Wandsworth HA	YES	St. George's Healthcare NHS Trust	YES
		St. Helier NHS Trust	YES
		Richmond, Twickenham & Roehampton Healthcare NHS Trust	YES
Kingston & Richmond HA	poor	Kingston Hospital NHS Trust	YES
Croydon HA	YES	Mayday Healthcare NHS Trust	YES

Figure 4
(5 of 5)

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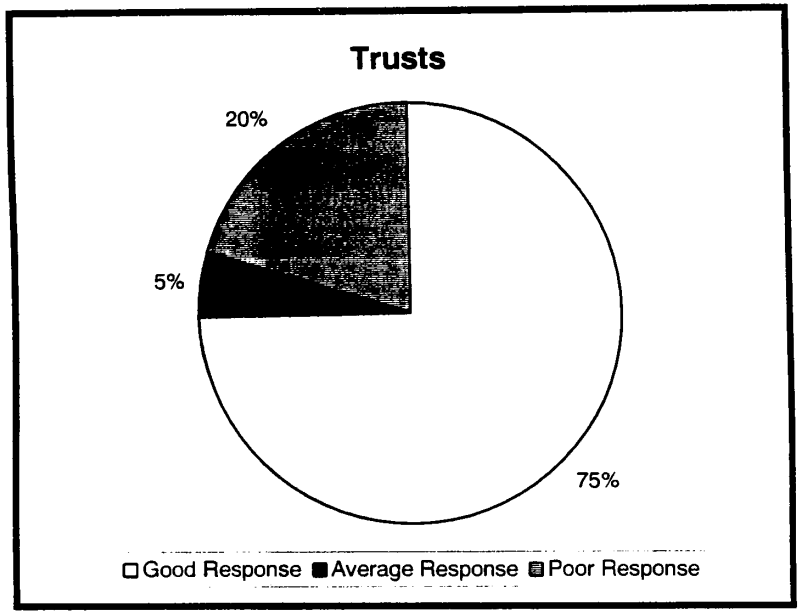
King's Fund London Commission : Systems for Delivering Healthcare
Quality of Responses to Individual Questionnaires



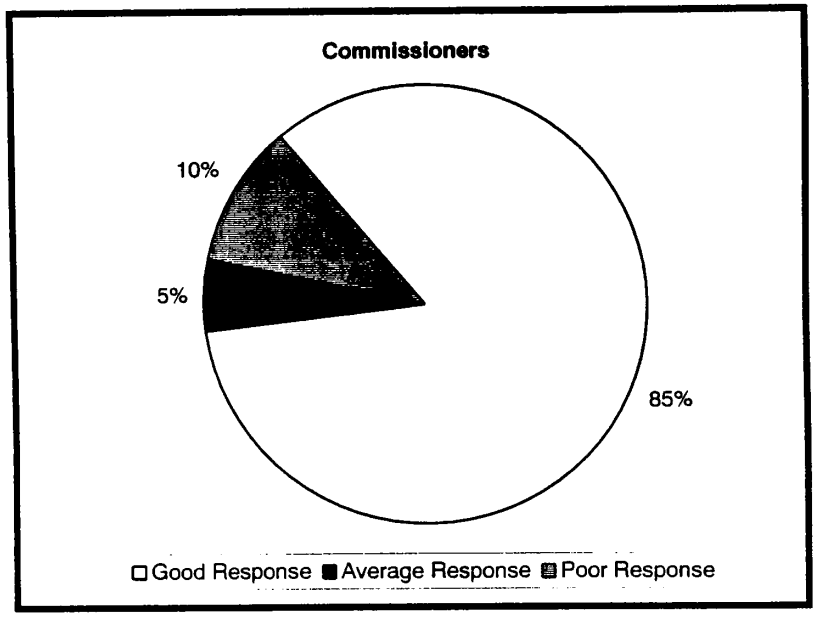


Figure 5

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King's Fund London Commission : Systems for Delivering Healthcare
Interview Programme

FACE TO FACE INTERVIEWS	TELEPHONE INTERVIEWS
Barking & Havering Health Authority Ms Sue Osbourn & Ms Susan Williams	**Bromley Health** Ms Rakshita Patel
Bexley & Greenwich Health Ms Jacqueline Westwood	**East London & The City Health Authority** Stuart Chilvers
Camden & Islington Health Authority Ms Victoria Hardman	**Hillingdon Health Authority** Ian Hammond
Croydon Health Authority John Schick	**Kensington & Chelsea and Westminster Health Authority** Keith Ford
Ealing, Hammersmith & Hounslow Health Authority Mike Bellamy	**Lambeth, Southwark & Lewisham Health Authority** Ms Sarah Cottingham
	Merton, Sutton & Wandsworth Health Authority Ms Julia Stallibrass
	Enfield & Haringey Health Authority Ms Anita Grabarz
	Redbridge & Waltham Forest Health Authority Ms Ann Walker

Figure 6

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King's Fund London Commission : Systems for Delivering Healthcare
Summary by Sector, by Commissioners

	NORTH WEST				CENTRAL NORTH			NORTH EAST		
	HILLINGDON	EALING, HAMMERSMITH & HOUNSLOW	KENSINGTON CHELSEA & WESTMINSTER	BRENT & HARROW	BARNET	ENFIELD & HARINGEY	CAMDEN & ISLINGTON	REDBRIDGE & WALTHAM FOREST	ELCHA	BARKING & HAVERING
Population	238,000	644,000	334,000	450,000	302,000	468,000	354,000	447,000	583,000	378,000
FCEs	42,872	113,087	59,440	86,440	54,419	89,506	67,651	84,772	102,454	71,466
Hospitalisation Rate	180	176	178	192	180	191	191	190	176	189
Total Population	**1,666,000**				**1,124,000**			**1,408,000**		
Total FCEs	**301,839**				**211,576**			**258,692**		
Total Hospitalisation Rate	**181**				**188**			**184**		
Acute Trusts	3	3	4	3	1	2	6	2	3	1
Acute Inpatient Sites	3	5	8	3	2	2	12	2	7	2
No. of A&E's	1	4	2	2	2	2	3	2	3	1
Total Acute Trusts	**13**				**9**			**6**		
Total Acute Inpatient Sites	**19**				**16**			**11**		
Total A&E's	**9**				**7**			**6**		

Note : Excludes sites solely used for Mental Health & Elderly

Sources : Office for National Statistics (ONS)
King's Fund London Commission HES Data 1994/95
Questionnaire Returns

Figure 7
(1 of 2)

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King's Fund London Commission : Systems for Delivering Healthcare
Summary by Sector, by Commissioners

	SOUTH EAST			SOUTH WEST		
	LAMBETH LEWISHAM & SOUTHWARK	BEXLEY & GREENWICH	BROMLEY HEALTH	MERTON, SUTTON & WANDSWORTH	KINGSTON & RICHMOND	CROYDON
Population	729,000	434,000	293,000	611,000	303,000	321,000
FCEs	133,661	70,575	51,574	117,179	55,185	56,261
Hospitalisation Rate	183	163	177	192	182	175
Total Population	**1,456,000**			**1,235,000**		
Total FCEs	**255,810**			**228,625**		
Total Hospitalisation Rate	**176**			**185**		
Acute Trusts	4	2	1	3	1	1
Acute Inpatient Sites	7	2	3	4	1	1
No. of A&E's	4	2	1	3	1	1
Total Acute Trusts	**7**			**5**		
Total Acute Inpatient Sites	**12**			**6**		
Total A&E's	**7**			**5**		

Note : Excludes sites solely used for Mental Health & Elderly

Sources : Office for National Statistics (ONS)
King's Fund London Commission HES Data 1994/95
Questionnaire Returns

Figure 7
(2 of 2)

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King's Fund London Commission : Systems for Delivering Healthcare
Community Trusts - Activity & Beds

	NORTH WEST								CENTRAL NORTH						NORTH EAST					
	BRENT & HARROW		EALING HAMMERSMITH & HOUNSLOW				HILLIN-GDON	KCW	BARNET	CAMDEN & ISLINGTON			ENFIELD & HARINGEY		B&H	ELCHA				RWF
	HARROW & HILLINGDON	NW LONDON MENTAL HEALTH	HOUNSLOW & SPELTHORNE	RIVERSIDE COMMUNITY	RIVERSIDE MENTAL HEALTH	WEST LONDON HEALTHCARE	HILLINGDON HOSPITAL [1]	PARKSIDE HEALTH	BARNET HEALTHCARE	CAMDEN & ISLINGTON COMMUNITY	TAVISTOCK & PORTMAN	ROYAL FREE [1]	ENFIELD COMMUNITY CARE	HARINGEY HEALTHCARE	BHB COMMUNITY	CELFACHS	NEWHAM COMMUNITY	TOWER HAMLETS HEALTHCARE	HOMERTON HOSPITAL (1995) [1]	FOREST HEALTHCARE [1]
FCE's																				
Acute	0	0	0	N/A	0	260	0	355	0	633	N/A	0	0	0	0	2,138	0	0	0	0
Geriatric	1,481	0	27	N/A	0	544	1,870	691	1,001	665	N/A	1,618	1,678	2,911	1,975	1,779	N/A	N/A	720	4,961
Mental Illness	922	1,195	769	N/A	1,716	1,844	866	396	998	2,073	N/A	865	899	1,036	1,519	2,945	N/A	N/A	0	1,951
Learning Disabilities	0	0	0	N/A	0	25	4	227	147	0	N/A	0	69	123	47	1	N/A	N/A	0	69
GP Specialty	539	0	0	N/A	0	0	0	0	436	104	N/A	0	467	0	0	0	N/A	N/A	0	212
Total	**2,942**	**1,195**	**796**	**N/A**	**1,716**	**2,673**	**2,740**	**1,669**	**2,582**	**3,475**	**N/A**	**2,483**	**3,113**	**4,070**	**3,541**	**6,863**	**N/A**	**N/A**	**720**	**7,193**
Bed's																				
Acute	0	0	0	N/A	0	13	276	31	30	24	N/A	597	24	40	0	30	N/A	N/A	376	531
Geriatric	197	0	15	N/A	0	72	95	286	239	178	N/A	130	137	148	235	392	N/A	N/A	95	388
Mental Illness	76	612	197	N/A	655	394	117	94	601	324	N/A	131	227	195	569	486	N/A	N/A	0	477
Learning Disabilities	0	0	0	N/A	8	7	0	73	0	0	N/A	0	36	16	123	18	N/A	N/A	0	12
Total	**273**	**612**	**212**	**N/A**	**663**	**486**	**488**	**484**	**870**	**526**	**N/A**	**858**	**424**	**399**	**927**	**926**	**N/A**	**N/A**	**471**	**1,408**

[1] **NOT Community Trusts but nonetheless, provide Community Services**

Sources : Ordinary and Daycase Admissions for England, 1995
Bed Availability for England, 1994/95

Figure 8
(1 of 2)

King's Fund London Commission : Systems for Delivering Healthcare
Community Trusts - Activity & Beds

	SOUTH EAST							SOUTH WEST								
	BEXLEY & GREENWICH		BROM-LEY	LAMBETH, SOUTHWARK & LEWISHAM				CROY-DON	KINGSTON & RICHMOND		MERTON SUTTON & WANDSWORTH					
	GREENWICH HEALTHCARE [1]	OXLEASE	RAVENSBOURNE	LEWISHAM & GUY'S MENTAL	BETHLEM & MAUDSLEY [1]	OPTIMUM	WEST LAMBETH	CROYDON MENTAL HEALTH	KINGSTON & DISTRICT COMMUNITY	TEDDINGTON MEMORIAL (1995)	MERTOON SUTTON COMMUNITY	PATHFINDER	RICHMOND TWICKENHAM & ROEHAMPTON [1]	ST. GEORGE'S [1]	ST. HELIER [1]	WANDSWORTH COMMUNITY
FCE's																
Acute	0	0	0	0	0	N/A	0	0	601	480	0	0	0	0	0	0
Geriatric	1,884	0	0	0	0	N/A	0	0	965	120	223	0	2,029	2,181	2,620	0
Mental Illness	743	1,041	1,205	1,249	2,720	N/A	1,432	1,401	943	0	0	2,038	1,174	0	822	0
Learning Disabilities	2	0	0	0	14	N/A	0	0	0	0	1,107	0	44	0	7	83
GP Specialty	10	0	0	0	0	N/A	460	0	638	0	0	0	0	0	0	0
Total	**2,639**	**1,041**	**1,205**	**1,249**	**2,734**	**N/A**	**1,892**	**1,401**	**3,147**	**600**	**1,330**	**2,038**	**3,247**	**2,181**	**3,449**	**83**
Bed's																
Acute	613	0	0	0	34	N/A	13	0	6	0	0	0	329	716	359	N/A
Geriatric	98	0	0	0	0	N/A	0	0	159	43	49	0	134	167	144	N/A
Mental Illness	184	266	150	152	414	N/A	197	189	275	0	28	489	117	0	155	N/A
Learning Disabilities	23	0	0	0	13	N/A	0	0	0	0	0	0	80	0	0	N/A
Total	**918**	**266**	**150**	**152**	**461**	**N/A**	**210**	**189**	**440**	**43**	**77**	**489**	**660**	**883**	**658**	**N/A**

[1] **NOT Community Trusts but nonetheless, provide Community Services**

Sources : Ordinary and Daycase Admissions for England, 1995
Bed Availability for England, 1994/95

Figure 8
(2 of 2)

King's Fund London Commission : Systems for Delivering Healthcare
Summary by Commissioner, by Trust for North West

HOST PURCHASERS	HILLINGDON HA			EALING HAMMERSMITH & HOUNSLOW HA			KENSINGTON & CHELSEA AND WESTMINSTER HA				BRENT & HARROW HA			AVERAGE	TOTAL
HOST PROVIDERS	HILLINGDON HOSPITAL	MOUNT VERNON & WATFORD HOSPITALS	HAREFIELD HOSPITAL	WEST MIDDLESEX UNIVERSITY HOSPITAL	EALING HOSPITAL	HAMMERSMITH HOSPITAL	ST MARY'S	CHELSEA & WESTMINSTER HOSPITAL (*)	ROYAL BROMPTON HOSPITAL	ROYAL MARSDEN HOSPITAL	CENTRAL MIDDLESEX HOSPITAL	NORTHWICK PARK & ST. MARK'S	ROYAL NATIONAL ORTHOPAEDIC HOSPITAL		
Activity Purchased by Host DHA	22,814	11,095	792	17,370	21,097	35,318	30,948	9,675	953	454	16,848	23,824	435	14,740	191,622
Total Trust Activity	26,513	52,481	8,024	28,551	23,833	61,104	68,564	22,902	13,293	17,406	23,282	34,236	6,860	29,773	387,049
% Purchased of Host DHA	53%	26%	1%	15%	19%	31%	52%	16%	2%	1%	19%	28%	1%	20%	N/A
% Provided to Host DHA	86%	21%	10%	61%	89%	58%	45%	42%	7%	3%	72%	70%	6%	50%	N/A
A&E Attendances	58,000	0	0	53,164	65,407	77,967	59,961	65,000	0	0	43,923	54,000	0	59,678	477,422
No of A&E's	1	0	0	1	1	2	1	1	0	0	1	1	0	1	9
No of Acute Hospital Sites	1	1	1	1	1	3	4	1	1	2	1	1	1	1	19
Beds-Acute	326	638	131	288	388	1,010	636	396	234	276	304	472	184	406	5,283
Beds-Geriatric	95	161	0	112	0	199	106	72	0	0	116	0	0	66	861
Beds-Mental Illness	117	0	0	0	0	0	0	0	0	0	0	0	0	9	117
Beds- Total	538	799	131	400	388	1,209	742	468	234	276	420	472	184	482	3,465

Sources : King's Fund London Commission HES Data 1994/95
Questionnaire Returns

Figure 9

King's Fund London Commission : Systems for Delivering Healthcare
Summary by Commissioner, by Trust for Central North

HOST PURCHASERS	BARNET HA	ENFIELD & HARINGEY HA		CAMDEN & ISLINGTON HA						AVERAGE	TOTAL
HOST PROVIDERS	WELLHOUSE	CHASE FARM	NORTH MIDDLESEX HOSPITAL	UCLH	WHITTINGTON HOSPITAL	ROYAL FREE HAMPSTEAD	GOSH	ROYAL LONDON HOMOEOPATHIC	MOORFIELD EYE HOSPITAL		
Activity Purchased by Host DHA	26,241	25,169	29,637	16,123	18,082	18,179	399	6	929	14,974	134,765
Total Trust	43,319	35,205	34,488	45,393	35,479	50,737	19,687	79	16,762	31,239	281,148
% Purchased of Host DHA	**48%**	**28%**	**33%**	**24%**	**27%**	**27%**	**1%**	**0%**	**1%**	**21%**	**N/A**
% Provided to Host DHA	**61%**	**71%**	**86%**	**36%**	**51%**	**36%**	**2%**	**7%**	**6%**	**48%**	**N/A**
A&E Attendances	86,994	58,432	76,350	57,783	61,612	54,070	0	N/A	67,266	66,072	462,507
No of A&E's	2	1	1	1	1	1	0	0	0	1	7
No of Acute Hospital Sites	2	1	1	6	1	2	1	1	1	2	16
Beds-Acute	571	404	358	658	421	700	293	14	79	389	3,498
Beds-Geriatric	126	0	0	41	39	130	0	0	0	37	336
Beds-Mental Illness	0	0	0	0	0	131	8	0	0	15	139
Beds- Total	**697**	**404**	**358**	**699**	**460**	**961**	**301**	**14**	**79**	**441**	**3,973**

Sources : King's Fund London Commission HES Data 1994/95
Questionnaire Returns

Figure 10

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King's Fund London Commission : Systems for Delivering Healthcare
Summary by Commissioner, by Trust for North East

HOST PURCHASERS	REDBRIDGE & WALTHAM FOREST HA		ELCHA			BARKING & HAVERING HA	AVERAGE	TOTAL
HOST PROVIDERS	REDBRIDGE HEALTHCARE	FOREST HEALTHCARE	ROYAL HOSPITALS	NEWHAM HEALTHCARE	HOMERTON HOSPITAL	HAVERING HOSPITALS		
Activity Purchased by Host DHA	21,430	45,702	42,337	27,045	12,068	49,110	32,949	197,692
Total Trust Activity	32,419	54,398	79,191	28,865	13,710	60,810	44,899	269,394
% Purchased of Host DHA	**25%**	**54%**	**41%**	**26%**	**12%**	**69%**	**38%**	**N / A**
% Provided to Host DHA	**66%**	**84%**	**53%**	**94%**	**88%**	**81%**	**73%**	**N / A**
A&E Attendances	68,000	79,709	91,649	57,944	45,725	102,547	74,262	445,574
No of A&E's	1	1	1	1	1	1	1	6
No of Acute Hospital Sites	1	1	5	1	1	2	2	11
Beds-Acute	419	621	1,143	346	375	686	598	3,590
Beds-Geriatric	236	388	0	216	95	94	172	1,029
Beds-Mental Illness	445	489	0	0	0	0	156	934
Beds- Total	**1,100**	**1,498**	**1,143**	**562**	**470**	**780**	**926**	**5,553**

Sources : King's Fund London Commission HES Data 1994/95
Questionnaire Returns

Figure 11

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King's Fund London Commission : Systems for Delivering Healthcare
Summary by Commissioner, by Trust for South East

HOST PURCHASERS	LAMBETH SOUTHWARK & LEWISHAM HA				BEXLEY & GREENWICH HA		BROMLEY HEALTH	AVERAGE	TOTAL
HOST PROVIDERS	GUY'S & ST THOMAS'	KING'S HEALTHCARE	LEWISHAM HOSPITAL	BETHLEM & MAUDSLEY	QUEEN MARY'S SIDCUP	GREENWICH HEALTHCARE	BROMLEY HOSPITALS		
Activity Purchased by Host DHA	48,827	39,726	23,603	2,664	18,190	32,483	34,617	**28,587**	**200,111**
Total Trust	86,591	56,020	31,131	4,101	24,667	37,808	40,623	**40,134**	**280,939**
% Purchased of Host DHA	**37%**	**30%**	**18%**	**2%**	**26%**	**46%**	**67%**	**34%**	**N / A**
% Provided to Host DHA	**56%**	**71%**	**76%**	**65%**	**74%**	**86%**	**85%**	**71%**	**N / A**
A&E Attendances	157,024	78,100	71,500	0	68,959	103,902	56,000	**89,248**	**535,485**
No of A&E's	2	1	1	0	1	1	1	**1**	**7**
No of Acute Hospital Sites	2	2	2	1	1	1	3	**2**	**12**
Beds-Acute	1,168	686	454	34	323	681	435	**540**	**3,781**
Beds-Geriatric	133	114	120	0	76	98	172	**102**	**713**
Beds-Mental Illness	0	0	0	427	0	207	0	**91**	**634**
Beds- Total	**1,301**	**800**	**574**	**461**	**399**	**986**	**607**	**733**	**5,128**

Sources : King's Fund London Commission HES Data 1994/95
Questionnaire Returns

Figure 12

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King's Fund London Commission : Systems for Delivering Healthcare
Summary by Commissioner, by Trust for South West

HOST PURCHASERS	MERTON SUTTON & WANDSWORTH HA			KINGSTON & RICHMOND HA	CROYDON HA	AVERAGE	TOTAL
HOST PROVIDERS	ST GEORGE'S HEALTHCARE	ST HELIER	RICHMOND TWICKENHAM & ROEHAMPTON	KINGSTON HOSPITAL	MAYDAY HEALTHCARE		
Activity Purchased by Host DHA	39,985	40,033	12,004	22,011	37,894	**30,385**	**151,927**
Total Trust Activity	57,710	49,698	26,888	32,479	42,438	**41,843**	**209,214**
% Purchased of Host DHA	**34%**	**34%**	**10%**	**40%**	**67%**	**40%**	**N / A**
% Provided to Host DHA	**69%**	**81%**	**45%**	**68%**	**89%**	**73%**	**N / A**
A&E Attendances	77,314	74,335	37,195	72,032	87,647	**69,705**	**348,523**
No of A&E's	1	1	1	1	1	**1**	**5**
No of Acute Hospital Sites	2	1	1	1	1	**1**	**6**
Beds-Acute	791	415	371	387	595	**512**	**2,559**
Beds-Geriatric	167	144	134	0	141	**117**	**586**
Beds-Mental Illness	0	155	197	0	0	**70**	**352**
Beds- Total	**958**	**714**	**702**	**387**	**736**	**699**	**3,497**

Sources : King's Fund London Commission HES Data 1994/95
Questionnaire Returns

Figure 13

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Kings Fund London Commission : Systems for Delivering Healthcare
Availability of Specialty : Accident and Emergency Trusts (31)

SPECIALTY	INPATIENT		DAYCASES	
	NO	%	NO	%
GENERAL SURGERY	31	100%	31	100%
TRAUMA & ORTHOPAEDICS	31	100%	31	100%
OBSTETRICS & GYNAECOLOGY	31	100%	31	100%
GENERAL MEDICINE	29	94%	27	87%
PAEDIATRICS	29	94%	26	84%
UROLOGY	28	90%	29	94%
GERIATRIC MEDICINE	28	90%	11	35%
DENTAL SPECIALTIES	27	87%	26	84%
ANAESTHETICS	27	87%	26	84%
DERMATOLOGY	26	84%	14	45%
RHEUMATOLOGY	26	84%	19	61%
ENT	22	71%	24	77%
CARDIOLOGY	21	68%	15	48%
OPHTHALMOLOGY	19	61%	23	74%
HAEMATOLOGY (CLINICAL)	19	61%	18	58%
GASTROENTEROLOGY	17	55%	18	58%
PATHOLOGY	17	55%	16	52%
NEUROLOGY	16	52%	12	39%
THORACIC MEDICINE	13	42%	12	39%
A & E	12	39%	3	10%
RADIOLOGY	12	39%	2	6%
SPECIALIST PAEDIATRICS	11	35%	11	35%
MENTAL HEALTH	10	32%	1	3%
ENDOCRINOLOGY	9	29%	8	26%
CANCER SERVICES	9	29%	3	10%
MEDICAL ONCOLOGY	9	29%	8	26%
NEUROSCIENCES	8	26%	6	19%
PLASTIC SURGERY	8	26%	12	39%
CARDIOTHORACIC SURGERY	8	26%	5	16%
RENAL SERVICES	7	23%	3	10%
SPECIALIST MEDICINE	6	19%	3	10%
REHABILITATION	5	16%	1	3%
SPECIALIST MENTAL HEALTH	4	13%	1	3%
GP SPECIALTIES	3	10%	3	10%
MENTAL HANDICAP	3	10%	1	3%
COMMUNITY MEDICINE	1	3%		
UNKNOWN	3	10%	2	6%

Source : King's Fund London Commission HES Data 1994/95
Excludes : FCEs where Trusts provide less than 5% of the original total activity's average, and Birth FCEs

Figure 14

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King's Fund London Commission
Changes in Hospital types from 1981 to 1995
TOTAL

CODES	TYPE OF HOSPITAL	NUMBER OF SITES	
		1981	1995
1	Acute with A&E	47	34
2	Acute without A&E	70	11
3	Maternity	11	1
4	Geriatric	0	15
5	Long Stay	0	0
6	Learning Disabilities	0	2
7	Mental Illness	0	4
8	Chronic	0	0
9	Community without IP	0	8
10	Physically disabled	0	0
11	Day Hospital	0	1
12	Community with IP	0	7
13	Infectious Diseases	4	3
14	Gynaecology	4	2
15	Homeopathy	1	1
16	Tropical	1	1
17	Urology	3	0
18	Orthopaedic	1	0
19	Dermatology	1	0
20	ENT	3	1
21	Neurosciences	2	2
22	Paediatrics	6	2
23	Dental	4	2
24	Nephrology	1	0
25	Cardiothoracic	4	3
26	Ophthalmology	5	2
27	Health Centre	0	3
28	Colorectal	1	0
29	Hospice	0	1
30	Cancer	2	2
77	Don't Know	0	3
88	Private hospital	0	2
99	closed	9	67
Overall TOTAL		**180**	**180**
Subtotal - acute		**117**	**45**
Subtotal - maternity		**11**	**1**
Subtotal - geriatric, MH, Community with IP		**0**	**28**
Subtotal - single specialty		**43**	**21**
Subtotal - closed to NHS		**9**	**72**
Subtotal - other		**0**	**10**

Codes for Acute - 1,2.
Codes for Maternity - 3.
Codes for Geriatric, MH, Community with IP - 4-7, 10, 12.
Codes for Single Specialty - 13-26, 28, 30.
Codes for closed to NHS - 77, 88, 99.
Codes for Other - 8, 9, 11, 27, 29.

Figure 15

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Kings Fund London Commission Systems for Delivering Healthcare
Pressures for change in Acute Hospital Services
A Checklist

Population & Morbidity:	Changes in size, age structure, migration patterns, and social conditions will affect population morbidity and hence requirement for services
Epidemiology:	There is a general growth in cardiovascular, cerebrovascular, respiratory, oncological and neurological conditions at the expense of infectious diseases and gastrointestinal disorders.
Public Awareness:	Health promotion and disease prevention campaigns and general improvement in media coverage of health issues is believed to have increased awareness of the need for care and the potential for treatments.
Public Expectations:	There is a perception that users have higher expectations of the service in terms of access (location and waiting times), and service quality ('hotel' services and the availability of 'clinical treatments').
Standards/Norms:	As portrayed in Patients Charter, these provide a basis for a demand for minimum quality standards.
Clinical	There are major changes in diagnostic and treatment techniques as a result of refined surgical techniques (invasive and non-invasive), radiological developments, extensions in pathological and immunological skills, anaesthetic developments (with less general anaesthesia), and growth in replacement and transplant surgery.
	There is a trend towards sub-specialisation especially in surgery and medicine which is believed to improve outcomes for lower volume conditions - this leads to a concentration of medical expertise and an increased requirement for access to cross-specialty opinion.
	Clinical audit is changing clinical practice, as a result of CEPOD for example there is pressure for improved organisation and training of staffing and some evidence that increased volumes ensure maintenance and development of expertise and technical skills, and hence improve outcomes.
	The increasing emphasis on evidence-based medicine is changing the scope of treatments available (e.g. in ENT).
	The above are articulated in many national service reviews (e.g. Changing Childbirth).
Statutory Changes	There have been statutory changes in responsibility for different elements of care (e.g. Community Care Act).
Staffing	Medical Staff: changes in medical education, and particularly the Calman training proposals, are resulting in greater specification of the range and type of services which training grades need to experience and the degree of consultant supervision required. The New deal for junior doctors reduces their hours of work. There are also major shortages in certain groups of staff. There is a consultant expansion programme which is aimed at meeting these pressures.
Equipment	The availability of more sophisticated equipment and IT is acting as a major force for change, both in terms of high cost equipment or highly complex equipment and in terms of low cost or 'low' tech equipment.
Estate	The withdrawal of crown immunity has increased pressure to address problems with hospital estate in terms of health and safety and fire. Changes in clinical and nursing practice has led to a change in the functional requirements of hospital estate and the need for greater sophistication yet greater flexibility.
Medico-legal	Trusts will be cautious about providing a service or continuing a service where they are putting themselves at risk of medical negligence claims.
Financial	Ongoing pressures for efficiency savings have increased pressures to reduce overhead costs associated with estate and administration, and to reduce duplication of staff and equipment. The introduction of capital charges is expected to act as a major force for change.
PFI	The requirement to look to PFI or major investment has changed perceptions about the scope for sharing facilities and risk with private sector partners
Purchaser Strategy	The development of the purchasing strategies for services which reflect the perceptions and priorities regarding the above pressures will have influenced changes in acute hospital provision. Examples range from major strategic plans to tendering exercises.
Competitive Pressures	The internal market will have placed new pressures on Trusts to make changes to the way in which services are delivered. The pressures may attract greater priority as a result of the development of GP fundholding.

Figure 16

King's Fund London Commission
Systems for Delivering Healthcare
Pressure for Change: in the Past

PRESSURES \ SCORE	1	2	3	4	5
Population	8%	**38%**	19%	22%	14%
Epidemiology	16%	**27%**	24%	16%	16%
Public Awareness	11%	**27%**	22%	**27%**	14%
Public Expectation	3%	16%	22%	**38%**	22%
Standard/Norms	3%	24%	16%	**41%**	16%
Clinical	0%	5%	19%	22%	**54%**
Statutory Changes	11%	**38%**	16%	24%	11%
Staff	3%	16%	24%	**32%**	24%
Equipment	11%	22%	**27%**	**32%**	8%
Estate	8%	11%	19%	**49%**	14%
Medico-Legal	19%	**38%**	**30%**	11%	3%
Financial	0%	3%	16%	**54%**	**27%**
PFI	**43%**	19%	16%	3%	8%
Purchaser Strategy	5%	11%	24%	19%	**35%**
Competitive Pressure	11%	22%	22%	**30%**	14%
Other	3%	0%	0%	3%	14%

***n*%** - greater than 25%

Figure 17

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King's Fund London Commission
Systems for Delivering Healthcare
Pressure for Change: in the Future

PRESSURES \ SCORE	1	2	3	4	5
Population	6%	19%	19%	**31%**	25%
Epidemiology	6%	14%	**36%**	19%	25%
Public Awareness	11%	6%	17%	**56%**	11%
Public Expectations	0%	3%	19%	**50%**	**28%**
Standard/Norms	3%	6%	19%	**53%**	19%
Clinical	0%	0%	6%	**33%**	**61%**
Statutory Changes	11%	14%	**36%**	**28%**	11%
Staff	0%	6%	14%	17%	**64%**
Equipment	8%	19%	**31%**	25%	17%
Estate	11%	19%	14%	**33%**	22%
Medico-Legal	14%	22%	**33%**	25%	6%
Financial	0%	0%	11%	**39%**	**50%**
PFI	14%	8%	**31%**	19%	25%
Purchaser Strategy	0%	6%	8%	**31%**	**56%**
Competitive Pressure	0%	6%	**33%**	**33%**	**28%**
Other	3%	0%	0%	3%	11%

***n*%** - greater than 25%

Figure 18

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