

Barts and The London NHS Trust,
Newham University Hospital NHS Trust and
Whipps Cross University Hospital NHS Trust

The health and healthcare benefits
of the proposed merger



Overview

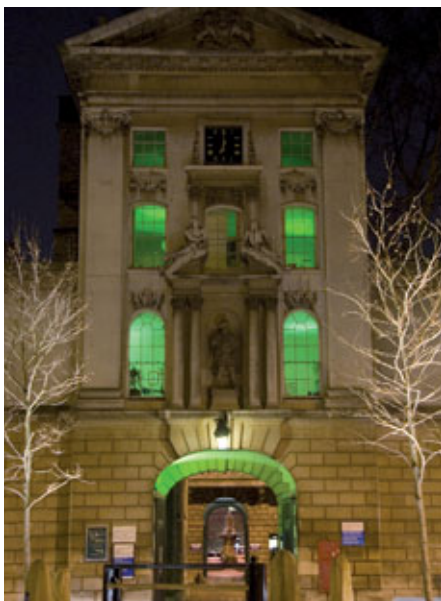
Barts and The London NHS Trust, Whipps Cross University Hospital NHS Trust and Newham University Hospital NHS Trust are considering a merger to form a new trust. Having reviewed the options, the three trusts believe this merger offers the best chance to deliver substantial benefits to patients and taxpayers in north east London and beyond, particularly around improved clinical care, better management and financial savings.

The trusts believe all patients will benefit from the merger of the trusts. This document provides examples of some of the clinical and healthcare benefits. If you would like a copy of the trusts' *Vision of future healthcare for local people*, which describes the case for change and other benefits in more detail, then please contact us – details are on the back page.

The trusts believe that changes are needed to:

- sustain current services;
- improve the quality, safety and efficiency of care; and
- take advantage of emerging techniques, technologies and new understanding of healthcare.

If the merger doesn't go ahead, all three trusts expect to face great difficulty in meeting the financial requirements necessary to apply for Foundation Trust status¹.



¹ Achieving FT status would mean managers could work with local people to decide how to organise services to best meet local needs and make the trust more accountable to the local community, patients and staff

Making change happen

The trust's vision is to become a healthcare organisation that offers urgent, specialist and community services that are tailored to meet the needs of its local communities. Clinicians, managers and staff also want to be recognised for providing outstanding clinical services, research and education to improve patient treatments and outcomes. In order to achieve this vision, the new trust's immediate priority will be to improve local services without major clinical reconfiguration. The trusts have identified five “enablers” of better care.

A key risk for any new trust is that cultural differences between the current sites may make it difficult to integrate the workforce and create a single team structure. However, the boards of the three existing trusts believe that a single integrated clinical leadership team will help ensure that cultural change happens quickly.



Commitments and enablers of change

Commitments

1. Long term continuity of excellent and comprehensive local access
2. Improved access to specialist services throughout NE London



Case study 1: Improving the care of children

The trusts are facing a significant challenge to deliver the highest-quality care for children in north east London's communities – many of which have children with a high level of need².

Both the Royal College of Paediatrics and Child Health (RCPCH) and Health for north east London have set out ambitious aims for paediatric care, which rely on trusts being able to recruit and retain a highly competent, specialist workforce. The current workforce model can be seen as traditional and reliant on a trainee medical workforce that may not be so available in the future.

Best practice

- The RCPCH has recently published a review of paediatric services in the UK³. This states that a consultant-delivered (as opposed to consultant-led) model of care is the only viable option for medical care in the UK⁴. It is clear that consultants "make better decisions more quickly and are critical to reducing costs of patient care while maintaining quality"⁵. As a result, trusts are being encouraged to increase the number of paediatric consultants and to ensure that consultants work in hospitals in the evenings and at weekends so that more children have the benefit of their experience early in their treatment.
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- A 2009 report from the RCPCH found that some rotas in paediatric services across the UK are stretched and there are not enough trainees to fill rotas. It also found a shortage of adequately experienced locums. The recent health for north

east London public consultation and review found that this applied equally to north east London as to the rest of the UK. Even if experienced locums could be found, *Best for Health*, the review of children's healthcare in Manchester concluded that having a high level of locums at any time could compromise patient safety. Each of the three hospital trusts has doctor and/or nurse vacancies in paediatrics⁶.

- The RCPCH recommends that paediatric rotas should be made up of at least ten Whole Time Equivalent (WTE) staff in order to provide high-quality care⁷. None of the trusts currently operates paediatric rotas of ten WTEs and only Barts and The London NHS Trust offers consultant-delivered ward rounds in the evenings and weekends. This is despite paediatric admissions occurring evenly over the week and peak admission hours occurring between 5pm and 10pm.

The problem

The three hospital trusts cannot currently provide paediatric services that meet RCPCH standards⁸ as not only would this be too costly for each individual trust, but each has problems filling their current vacancies. Whilst there have been attempts to create workforce networks these attempts have failed to improve out of hours (generally evenings, night time and weekends) cover as the organisational barriers are too high. There is currently only one joint staff appointment between Newham University Hospital Trust and Barts and The London NHS Trust in paediatrics. The trusts believe that only hospitals situated close to one another will be able to share a clinical workforce across sites.

2 DCLG; Local index of child well-being 2009

3 RCPCH; *Facing the Future: Standards for Paediatric Services* (2011)

4 Where consultant-delivered is defined as 24 hour presence, or ready availability. See *Time for Training*. Medical Education England (2010)

5 RCPCH; 2009

6 July 2011

7 RCPCH; *Facing the Future: A review of paediatric services* (2011)

8 HfNEL; *Children and young people's care in north east London, Proposal to support decision-making* (Nov 2010)



Benefits

The three trusts believe that only this merger, between two secondary trusts and a well-known specialist trust, will create the brand, volume and variety of work to **attract and retain high-quality hospital and community clinicians** which could help address shortages of consultants and doctors. There would be better opportunities for training, research, progression, rotation and specialisation; and a chance to create a pool of staff who could be rotated across the sites.

A shared rota across the sites would enable the trust to offer more consultant-delivered care during peak evening hours and over the weekend. This would also mean that children staying in hospital simply because there was no consultant to discharge them could go home earlier⁹.

Reducing the time children spend in hospital will create a better experience, reduces their likelihood of developing healthcare related infections and make the service more efficient. If the hospitals could reduce their average length of stay to that of the best performing of the three trusts, almost 1,500 children a year would have shorter stays and the hospitals would save 450 bed days.

For children with complex needs and long term conditions, the current workforce challenge is raising the likelihood of transferring children to, increasingly overburdened, centres further away. The merger could help:

- reduce any variation in the quality of care for children with complex needs and improve the overall quality as rotating clinicians share their expertise and gain knowledge from a wider range of cases;



- make it easier for each site to access specialist advice;

- prevent avoidable complications due to lack of consultant availability;

- reduce transfers between trusts and improve handovers where they occur thanks to clinicians' better understanding of the processes and staff at each hospital;

- develop consistent pathways of care so that children and families really feel we are a single NHS and not a disjointed group of organisations; and

- improve community paediatric care and child safeguarding as specialist teams would get to know vulnerable children across the trust's catchment area and could provide cover.

⁹ HfNEL; *Children and young people's care in NE London, Proposal to support decision-making* (Nov 2010)

With improved staff coverage and more specialised clinicians, the merger would enhance both the quality and efficiency of the service. Not only do consultants deliver better care (which can reduce the number of readmissions and the time and effort spent trying to treat a child) they can improve efficiency as their experience enables them to make decisions without recourse to unnecessary tests.

Delivering the benefits

By employing additional consultants, reviewing job plans and developing a rota for our clinicians to work across the hospitals (including nurse specialists), the new trust would develop a new paediatric rota to deliver quick and appropriate clinical care, which will be consultant-delivered where possible. The rota would improve cover for staff leave without the need to rely on expensive locums; and provide more weekend and out of hours consultant presence. We would aim for:

- two consultant-led ward rounds every day, including weekends, at The Royal London, Whipps Cross and Newham sites, covering the morning (8am-12pm) and the evening (7pm-11pm); and
- all children to be reviewed by a consultant within 12 hours of admission.

Challenges

The trusts believe that workforce issues will become more pressing in the future as the local birth rate is increasing. In the absence of additional commissioning funds to deliver care, the trusts cannot see an alternative to the merger if the RCPCH standards are to be met.

Nathan, an eight year old boy

When Nathan arrived at Newham hospital on a Friday at 7.30pm with a bad stomach ache he was seen by a junior doctor who requested a stomach X-ray. The junior doctor discussed the case on the phone with the consultant on call (available for advice or to come into the hospital in an emergency). It was agreed that Nathan could need surgery and that it would be best if he was transferred at an early stage to the children's surgery team at the Royal London. Nathan was kept under observation at the Royal London and his pain kept under control. The next morning he was assessed by the consultant surgeon on the ward round. The consultant surgeon wasn't convinced that it was a stomach problem and asked the consultant paediatrician to review the patient. She was able to diagnose a type of pneumonia which was causing the problem. So Nathan did not need surgery – he was started on the right treatment and made a good recovery.

Clinicians believe that the new trust could staff rotas so that Nathan could arrive at Newham on a Friday at 7.30pm and be seen almost immediately by a consultant. This is just the sort of situation where an experienced clinician seeing the patient is more likely to get the right diagnosis immediately (in fact there was a suggestion that there could be a developing pneumonia which the consultant at Newham felt he would have spotted if he had seen the X-ray). Although Nathan received safe care he had to move hospital unnecessarily, he was uncomfortable overnight and he could have been put on the right treatment earlier. Nathan also took up the last bed space in the surgical unit. Another patient from Whipps Cross had to be diverted to an out-of-area hospital which took time to arrange and delayed the patient's transfer.

Please note: Although this example is for a child arriving at Newham, it could just as easily be a similar story about a child arriving at Whipps Cross or Barts and The London; or an adult with a condition needing urgent treatment.

Case study 2: Reducing the time patients needing urgent care stay in hospital

Newham University Hospital Trust has recently been ranked as the most cost efficient trust in England¹⁰. In comparison, Whipps Cross University Hospital Trust and Barts and The London NHS Trust were ranked 103rd and 161st out of 163 trusts respectively.

Although this ranking was designed to reflect cost efficiencies in admitted care (excluding outpatients, A&E and mental health services) and may not fully reflect the costs associated with specialist care, it does show that there could be significant savings if some of the practices at Newham University Hospital Trust were used in the other trusts.

Looking specifically at the time patients spend in hospital (known as 'length of stay' or LoS) the three trusts perform very differently. Following a redesign of its services, Newham University Hospital Trust has achieved the shortest length of stay in England and therefore the best cost efficiency.

We also know that patients recover more quickly when they are at home so each hospital looks to discharge patients when it is clinically safe and in the best interest of the patient to do so. However a large number of patients remain in hospital whilst they wait for follow up tests or to see a consultant – we need to improve.

Best practice

Newham University Hospital Trust achieves an average length of stay for urgent patients of 2.3 days, compared to 4.2 days at Barts and The London NHS Trust and 3.6 days at Whipps Cross University Hospital Trust. Newham University Hospital Trust has achieved this at the same time as reducing its readmissions rates (indicating patients are not being discharged too early) and patients have reported a more positive in-hospital experience since this model was implemented¹¹.

Newham University Hospital Trust's experience is that it is easier and more effective to reduce LoS for the many short-stay patients (often requiring similar pathways of care) than the few long-stay patients with complex and individual illnesses. Newham University Hospital Trust's experience suggests that to successfully reduce LoS a hospital needs to focus on:

- early assessment by a senior clinician; and
-
- early access to diagnostics.

This will lead to prompt management of patients needing urgent attention and early discharge.

Providing integrated urgent services for elderly people and ensuring services such as inpatient rehabilitation and dementia liaison are available are key to driving down length of stay and reducing A&E attendances, emergency admissions and readmissions. An example of this is the Intensive Service User Clinic developed for patients aged 60 and over who have multiple long-term conditions and are frequent users of hospital services. The service has helped:

- halve inpatient bed days; and
-
- reduce the number of patient attendances to A&E and admissions to hospital.

¹⁰ <http://www.hsj.co.uk/news/finance/dh-commissioned-study-ranks-hospital-trusts-efficiency/5029895.article>

¹¹ *Care of the elderly services in Newham*, Dr Sara Lightowlers & Dr Kris Warren, 2009



The problem

Whipps Cross has discussed implementing the Newham model in the past, but these discussions have not yet led to making the changes and, in the absence of the merger, the trusts do not have reason to believe that this would happen in the short term.

Benefits

Patients who spend less time in hospital:

- are likely to have a better experience¹²;
- recuperate more quickly at home; and¹³
- are less likely to acquire an infection¹⁴ – an issue that affects elderly people in particular.



12 Naftalin N.J., Habiba M.A: *Keeping patients out of hospital. Patients like it.* BMJ 2000; 320 (7230)

13 For example: www.news.bbc.co.uk/1/hi/scotland/4234781.stm

14 Hassan, M., et al., *Hospital length of stay and probability of acquitting infections*, International Journal of pharmaceutical and healthcare marketing, Vol. 4, No. 4, 2010; Delgado-Rodriguez, M., et al., *Hospital stay length as an effect modifier of other risk factors for nosocomial infection*, European Journal of Epidemiology, 1990, 6(1)

These factors all contribute to improving the quality of care patients receive. In fact, in the eight years up to 2010-11, Newham University Hospital Trust hospital standardised mortality ratio (HSMR)¹⁵ reduced from over 100 to 73¹⁶. The trusts believe the improvement in the HSMR is primarily due to patients having quicker access to tests and being seen by an experienced consultant earlier on in their stay, reducing the likelihood that their condition will deteriorate before it is diagnosed.

Reducing average LoS in Barts and The London NHS Trust and Whipps Cross University Hospital Trust to the levels at Newham University Hospital Trust could also bring significant financial benefits to the trusts and to taxpayers. Last year¹⁷, there were 26,208 urgent admissions at Barts and The London NHS Trust and 28,692 at Whipps Cross University Hospital Trust. If these patients had the same length of stay as comparable patients at Newham University Hospital Trust the hospitals would have saved around 85,000 bed days across the trusts – the equivalent of 200 beds or at least two wards at Whipps Cross University Hospital Trust and four at Barts and The London NHS Trust. This could generate annual savings of around £10 million a year¹⁸.

Delivering the benefits

To reduce the time patients stay in hospital the new trust would need to:

- ensure all three sites have a Medical Admissions Unit (MAU) model that ensures consultant review in 12 hours and specialist review (for instance oncology and cardiology) within 24 hours;

- create a handover procedure that ensures a good transfer of knowledge about a patient to the night team;



- ensure there is consultant geriatrician presence in the MAU – evidence shows that elderly patients seen by geriatricians spend two fewer days in hospital on average;

- improve access to all tests to improve discharge and management of critical illness; and

- improve access to urgent outpatient assessment and tests.

Challenges

There is a need to recruit more geriatricians at Whipps Cross and Barts and The London. Whipps Cross has earmarked some funding to recruit specialist geriatricians that may help a merged trust develop the rotas that it will need. This suggests that it will be significantly easier to implement the new model following the merger than if Whipps Cross and Barts and The London were to attempt this change as separate organisations.

¹⁵ Hospital Standardised Mortality Ratios (HSMRs) compare the number of expected deaths with the number of actual deaths. The data are based on the diagnoses that lead to 80 per cent of all deaths and are adjusted for factors statistically associated with hospital death rates.

¹⁶ Dr Foster Mar 2010-Apr 2011

¹⁷ April 2010-May 2011

¹⁸ Trust estimates

Case study 3: Redesigning pathology services

The trusts believe that this merger provides a unique opportunity to develop a comprehensive pathology service for hospital and community services.

This would enable the trusts to improve the speed and quality of the service whilst delivering the economies of scale identified by the Carter Reviews¹⁹.

A follow up review²⁰ drawing on the expertise provided by the NHS London Clinical Expert Panel (in 2010) also concluded that there was a strong case for change in London pathology services. The review concluded that in order to improve quality, patient safety and efficient use of resources the optimal model would be to concentrate major diagnostics in five hubs across London while maintaining essential services in all other hospitals to support acute and emergency clinical work.

Current practice

- Whipps Cross University Hospital Trust operates a full routine pathology service whilst sending its specialist work to a number of other providers.
- Barts and The London NHS Trust operates a full routine and specialist pathology service.
- Newham University Hospital Trust operates a service supported by Barts and The London NHS Trust in the areas of histopathology, immunology, microbiology and virology.

The problem

There has been little progress in implementing the recommendations of the Carter Reviews in London so the economies of scale envisaged have not been forthcoming.

Both Newham and Whipps Cross refer tests to other providers at a cost of £570,000 per year and work is underway to review what services could be brought back into a merged trust. The position has also been compounded by difficulties in recruiting both healthcare scientists and medical pathologists and it is believed that an amalgamation of services will help in the recruitment and retention of staff.

The benefits

The trusts believe a merged organisation would be able to develop the 'hub' model at The Royal London with essential service laboratories in 'spokes' maintained on each hospital site. This would allow joint investment in expensive equipment and IT in the hub and the benefits in cost reductions and quality to be shared. The trusts believe that a single service could:

- strengthen clinical leadership and improve clinical involvement. This will help improve the quality of the service and, in particular further reduce errors by sharing knowledge and expertise in a bigger team and increase the breadth of expertise involved in the interpretation of results;
- offer a better service for patients, improving experience, quality of care and safety by reducing the time taken to collect, turn around and return tests. Patients would be able to start treatments earlier and recover faster. The service could also reduce unnecessary testing (and delays for a repeat test) as patients' test results would be available to view by clinicians in each of the hospitals and in the community. Point of Care testing could also be made available in GP surgeries and pharmacies to help identify patients at, for instance, possible risk of stroke and identify diabetes at an earlier stage. This could help prevent illnesses or diagnose illnesses early so that patients can be treated without unnecessary delay. There could also be an increase in the

¹⁹ Report of the Review of NHS Pathology Services in England 2006 and 2008
²⁰ *Modernising Pathology in London*, available on NHS London website

range of one-stop outpatient clinics so patients don't have to attend hospital unnecessarily;

- make economies of scale;
- develop the quality and sustainability of the service by better deploying staff to ensure appropriate cover at times of staff shortages; and by rotating staff in hospital, primary and community care to improve their knowledge and understanding of a range of tests;
- provide new roles and career paths for pathologists and scientists in a bigger services, improving its attractiveness as a place to work and develop a career; and
- increase the amount of testing and number of staff. This would increase the opportunity to develop the service through research and development contributing to the continued improvement in the service provided to patients.

A bigger service in a merged trust would be well placed to gain new contracts thanks to improved efficiencies, bringing yet more advantages.

Delivering the benefits

The trusts would need to reorganise staff into a single structure across all pathology workforce disciplines and organise a 'core' laboratory at The Royal London to manage GP and outpatient work. The combined service would provide the opportunity to coordinate infection control work across the three trusts, reducing the risk of healthcare acquired infections. The trust would also invest in an integrated information technology system which would link the hospitals together and provide quicker access to results across the sites and for GPs. In addition, private partnerships are being explored to facilitate the movement of specimens within a merged trust so that precious samples (and results) are tracked

following their collection, transport and analysis – considerably reducing the risk of loss or mis-analysis.

Challenges

The trusts recognise that effective transportation links will be crucial for both staff and specimens moving between sites and investment in integrated IT systems will be required.

Improving quality and efficiency

The Trusts know they can make further improvements in pathology as they already have a good track record in managing change. For instance, in late 2009 Whipps Cross was selected as one of nine departments in England to work with NHS Improvement and the Department of Health to reduce times taken to analyse histopathology specimens (which are key to the diagnosis and monitoring of a range of conditions - particularly cancer).

Looking at all stages of the process from specimen collection and transport through the laboratory processes to production of the final report, the trust was able to reduce the average turnaround time from 12 days to four days.

The safety of the service has improved, with a significant reduction in errors; and effective use of technology and innovation has improved the quality of the service.

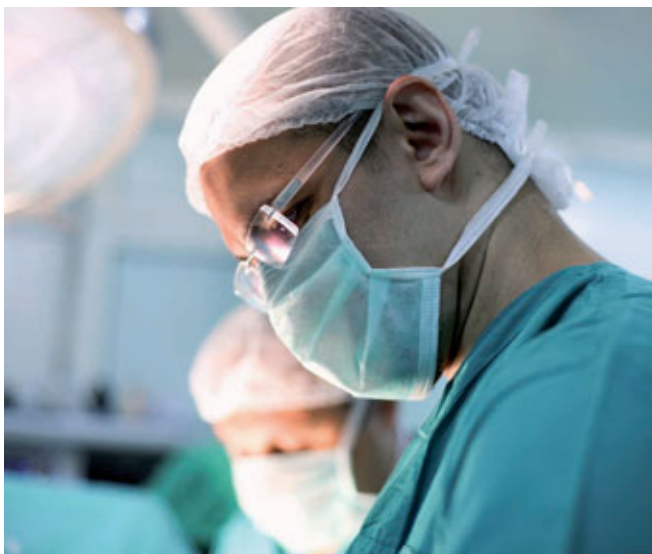
Patients have benefited from earlier results, earlier management plans, including treatment and referral to other specialties or the regional cancer centre, and fewer outpatient appointments as results are communicated at an earlier appointment.

In future we would expect similar improvements across a range of pathology services.

Case study 4: Integrating general and specialist pathways in cancer care

Despite recent progress made over the last few years, patients still face fragmented care. The trusts believe that the merger offers an opportunity to bring together a range of general hospital and specialist care services. The removal of organisational boundaries would mean that clinical teams could be integrated to join up care and make more care available locally.

Nationally, cancer inpatient care accounts for 12% of all urgent inpatient care, and 40% of cancer admissions are an emergency²¹, so it is important to provide the best and most efficient care for all patients.



Best practice

London commissioners are developing a new model of care based on the London Commissioning Plan²². The proposals outline the need for improved cancer services in four main areas:

- **Earlier diagnosis.** Increasing public awareness, improving access to tests for GPs, reducing delays and improving the uptake of screening programmes would lead to more cancers being diagnosed earlier.

- **Care closer to home.** Common cancer services, such as chemotherapy and non-complex surgery should be available locally and outside of hospital, where clinically appropriate.

- **Specialist centres.** Surgery for rarer or complex cancers should be consolidated into fewer specialist centres to ensure that more patients have access to leading cancer experts and the highest quality clinical environments for both treatment and research.

- **Working together.** Cancer services should be delivered by groups working together to provide seamless care for patients from diagnosis to treatment and follow-up care.

The providers of cancer care in north east and north London are joining forces. Whilst this should help improve outcomes for patients, the trusts believe that the large number of hospitals involved, each with their own cancer treatment services, may mean that organisational boundaries slow down improvements. The merged organisation could be more responsive to the need for change.

²¹ *Transforming Inpatient Care*, Mike Richards, July 2009

²² <http://www.londonhp.nhs.uk/publications/cancer/>

An Acute Oncology Service

An Acute Oncology Service (AOS) manages patients who need urgent treatment if they get complications following chemotherapy or because of their cancer.

There has been a 60% increase in the amount of chemotherapy delivered in recent years. An inquiry into patient outcome and death found that there was room for significant improvement in the quality of care patients receive. Therefore the National Chemotherapy Advisory Group (NCAG) has recommended that every hospital with an emergency department should have an acute oncology service.

An AOS piloted at the Whittington Hospital has reduced the time between referral and review, decreased both the number of blood tests and LoS, reduced overall costs and improved the patient experience.

The problem

Currently, patients referred from one clinician to another working in the same specialist field but at a different trust need an inter-trust referral. This delays tests and treatment and creates opportunities for miscommunication or patients getting lost in the system.

For instance in 2009-10 there were 18 breaches (18% of the total number of cases) of the 62-day target²³ for patients with lung cancer at the three trust. Many of these breaches were because a decision about treatment wasn't agreed quickly or because there were problems with inter-trust

transfers. These problems could be reduced following the merger, as a single team would be able to deliver joined-up care that eliminates duplication and inefficiencies.

Another problem is that patients referred to specialist care providers frequently continue to receive their ongoing care from that provider, even if the provider is far from their home and a more local hospital could provide perfectly good care.

Without the merger, the trusts believe that organisational barriers between the hospitals will continue to slow progress. For instance, Whipps Cross University Hospital Trust clinicians have wanted to provide breast and colorectal chemotherapy and develop a cancer treatment centre for a number of years – in partnership with Barts and The London NHS Trust. However the trusts haven't been able to do this. This means patients have to regularly travel to Barts for treatment and monitoring for many months.

Benefits

The clinical teams believe that this merger would create an organisation capable of improving clinical quality and patient experience to the best currently available and help raise survival rates in north east London by:

- delivering more care closer to home – in particular non-complex chemotherapy. Neither Newham or Whipps Cross provide chemotherapy for all tumours;
- simplifying the pathways of care for patients, for instance stronger links from Newham and Whipps Cross to specialist services at Barts and The London;

²³ Patients who have most forms of cancer should start their treatment within 62 days of being referred



- establishing an Acute Oncology Service (AOS) covering the three trusts. Despite the NCAG's recommendations, none of the trusts have established their own full-time AOS. This is because providing the service involves a significant investment, particularly in specialist consultants and nurses. In a merged organisation, with more patients, resources could be pooled which would make it easier to provide the service;
- better identifying patients who would benefit from being on a clinical trial;
- improving the learning from research findings across the three trusts and better exposure of trainee doctors to a wide variety of cases, providing better trained consultants of the future;

- developing a single team that could develop rotas of specialists to manage the services across the sites, sharing best practice and new techniques more quickly; and
- improving links with primary care which would strengthen cancer education programmes, support earlier diagnosis and improve survival rates, as there would be a single point of contact for GPs and clear care pathways that could be explained to patients.

Clearer pathways and improved access to specialist care should mean that patients see the right clinician at the right time, reducing the administrative burden and the number of re-admissions. Costs could also be reduced as there would be less need for patients to travel.

Delivering the benefits

The merger would create a single cancer service with responsibility for job planning, staff rotas, organisation of services, strategy development, and business planning, and would provide a single point of interaction for commissioners and the emerging integrated cancer system in north and east London.

Delivering this benefit will rely on sharing some of the specialist workforce and creating new rotations to enable staff to share knowledge and best practice. The merged trust will aim for most clinical staff to work on two sites, if not three, with the only exceptions being for small sub-specialties.

The trusts are planning to invest in high quality IT systems that would:

- enable collection and sharing of high quality, consistent data;

- support the roll out of a unified patient record system which would minimise the likelihood of errors, reduce unnecessary duplication of tests and checks by staff and increase the speed at which the trusts can respond to changes in prescription; and
- make it easier for specialist consultants at different sites to provide advice to emergency clinicians as patient details could be quickly transferred for review.



Mandish has suspected bowel cancer

Mandish was referred to Whipps Cross by her GP. She was seen by a specialist at Whipps Cross who did a number of tests and sent them away for analysis. When the results came back the specialist decided that Mandish could be suitable for chemotherapy, which is only available at Barts and the London – so Mandish had to be referred there to meet the Barts team. This meant further appointments and discussions between clinical staff. Eventually she did start her course of treatment at Barts but it was later than the Government's target of no more than a 62-day wait from referral to start of treatment.

Whilst Mandish was pleased to be treated by specialists she found the walking and the bus journey from her home in South Woodford exhausting. One day the chemotherapy proved too much for her and she was rushed to Whipps Cross but there were no specialists available so the A&E team stabilised her condition and transferred her to the Barts Cancer Centre.

In future, clinicians at the three trusts want to ensure that if a patient is referred to Whipps Cross then tests are sent to a new, faster pathology service. The results would be sent back to the consultant at Whipps Cross. Because the patient would be receiving the chemotherapy at Whipps Cross (which is much closer to home), there would be no delays and mix ups between different teams and the patient could start treatment straight away. If the patient subsequently presented to A&E at Whipps Cross she would benefit from the expertise provided by an Acute Oncology Service, drawing on the expertise available across the merged trust.

Clinicians believe that chemotherapy for breast, colorectal and lung cancer could be delivered at both Whipps Cross and Newham, meaning that around 50 patients a week would be treated at their local hospital.

Case study 5: Integrating specialist, secondary and community care in diabetes

Nationally around 7.4% of the population has diabetes. In north east London a greater proportion suffer from the condition. The borough of Newham has the third highest prevalence rate in England.

Estimated number of patients with diabetes in north east London

Local area	Number of patients
Newham	18,000
Tower Hamlets	13,500
Waltham Forest	13,500
Total	45,000

Source: APHO Diabetes Prevalence Model for England 2010 (rounded to nearest 500)

People with diabetes have a significantly greater risk of dying than those without diabetes at all ages under 80 years²⁴, and suffer from ill health. Diabetes UK has estimated that 10% of the total NHS budget is spent on treating diabetes²⁵, amounting to an average spend of £30million per PCT (probably higher in areas of high prevalence such as Newham and Tower Hamlets) – so even small improvements in diabetes disease management could have a significant impact on budgets.

The increase in *Type 2 Diabetes Mellitus* in east London is particularly among young people in Newham and Tower Hamlets, due to a young

population and a rise in obesity rates among the local ethnic minority groups. If diabetes is not treated properly, it can lead to a number of complications:

- Blindness and kidney disease;

- Amputation: around half²⁶ of amputations are potentially preventable;

- Heart disease: a major problem in young men in south Asian communities;

- Diabetes in pregnancy: either existing or developed in pregnancy – is particularly common in Asian women, and is a major cause of poor outcomes for mothers and babies²⁷.

Best practice

Diabetes is a life-long condition, requiring patient self-management and regular contact with a wide range of support groups, GPs, community clinicians and hospital specialists. Early identification through targeted screening programmes, prompt treatment of risk factors, appropriate clinical management and patient education are all vital to delaying the ill-health and death associated with diabetes, along with a reduction in related health costs.

Close working between all care givers will result in improved access to care, fewer unplanned admissions, better health outcomes and high quality local research. Close cooperation can also mean uncomplicated or stable patients can be treated in the community making it more convenient for patients and more efficient. Community care providers need diabetes specific training, as well as

²⁴ A review of structured patient education programmes in diabetes, INEL; Dr Fiona Bragg, NHS City & Hackney, 2010

²⁵ www.diabetes.org.uk/Guide-to-diabetes/Complications/

²⁶ *The Neuropathic diabetic foot*; Rathur and Boulton, Nature Reviews Endocrinology 3, 14-25 (January 2007)

²⁷ CEMACH Report 2005



the appropriate consultant and nursing support. In fact specialist nurses from all three trusts already facilitate clinics at GP practices, and the health of patients has improved year on year as a result²⁸.

A merger would enable the trusts to share the knowledge they have from running different models of care at each hospital. Once implemented, a community-centred model would reduce inappropriate referrals, allowing hospitals to become more specialised. For example, in Tower Hamlets, the introduction of the Care Planning programme, in conjunction with the provision of consultant and nursing support in GP practices, has reduced referrals

to hospitals from 20 to six per week²⁹. Fewer referrals to hospitals mean a reduction in waiting times, better care for more complex problems, and an improved patient experience all at lower cost.

The problem

Diabetic patients have a strong preference for local, accessible care, and tend to prefer to be treated by the same clinical team³⁰ but most diabetes services in the area could be more accessible.

Often services are not well coordinated between primary and hospital care with patients not

²⁸ General Practice chronic disease management 2004-2009, Clinical Effectiveness Group (2010)
²⁹ Trust data

³⁰ As part of the DH You're Welcome project (2010), Newham University Hospital Trust's young adult service was selected as a pilot site. Newham University Hospital Trust conducted focus groups for young people discussing issues such as continuity of care and local services

being identified early or having all the necessary treatments. For instance Newham University Hospital Trust conducted an audit of young people (16-25) admitted with diabetic ketoacidosis in 2009-10. They found that of the 22 patients admitted, eight were not known to the local diabetes services and 12 had attended fewer than half their appointments. The cost of these admissions was over £62,000³¹. The merger could enable the trusts to develop a more integrated and accessible model of diabetes care, using examples of best practice developed in each trusts.

Unless the urgent diabetes service is properly integrated with primary care services, it is likely there will be increased referrals to hospitals, including inappropriate referrals; increased A&E attendance and repeated inpatient admissions (especially for younger patients); increases in the prescribing budget; longer inpatient stays; and increased complications.

Patients with diabetes needing a type of care that is not provided by their local provider must go through a referral and formal handover process. In a single trust, these pathways can be integrated and streamlined to ensure that patients access the right specialist care at the right time.

Delivering the benefits

The merger would create a single team to manage care and develop a high-quality integrated service from community to specialist care. This team would work with stakeholders and patients to design a new service and implement changes that could:

- develop an out of hours support service for emergencies. Currently, Barts and The London NHS Trust has a registrar on-call overnight, but in a merged organisation there would be scope for having a (more senior) consultant on-call;
- offer patients more opportunity to be part of a trial and to improve diabetes research;
- expand very specialist services e.g. insulin pump services³²;
- develop new rotations to enable staff to share knowledge and best practice and to pool resources to improve services for:
 - **patients with kidney complications.** A merged trust would better link the specialty renal service at Barts and The London with outreach dialysis services at Whipps Cross and Newham.
 - **patients with liver disease.** A merged trust could allow for joint management of patients by diabetologists with the specialist hepatologists at Barts and The London NHS Trust.
 - **pregnant women.** Currently all three trusts offer this type of care. However, the complexity of maternal diabetes means that patients could be better managed with a merged team.
 - **children and young people who tend to have complex needs.**
 - **outpatients.** Some routine follow-up outpatient appointments can be replaced with web-based consultations using video conferencing. A pilot at Newham University Hospital Trust has shown high patient and staff satisfaction³³. This idea could be rolled out across all the sites, not just for diabetes outpatients but in other specialties too.
 - **Inpatients.** Inpatient care for patients with complications is costly, and even small service improvements can make a big difference. For example, by providing urgent specialist support at an early stage in their admission, Whipps Cross University Hospital Trust have halved LoS for patients with diabetic ketoacidosis (from 3 days to 1.5 days). Sharing best practice

³¹ Cost of 22 admissions calculated using 2008-09 tariff values

³² Whipps Cross University Hospital Trust's service has six patients, with a further six planned. With a merger, this service could be expanded

³³ www.health.org.uk/areas-of-work/programmes/shine-eleven/related-projects/newham-university-hospital/

could have a significant impact on patient outcomes across the three trusts.

- improve IT systems. A new IT system called EMIS web is being introduced at Barts and The London. This will allow clinicians fast and accurate access to primary care patient records, minimising the risk of miscommunication and error.

“The local clinic is really easy, like outside my doorstep. With me it’s just one bus ride, yeah I think it’s a good place, it’s a good place to get to. You have the doctors the blood test, everything the x-rays and it’s all kind of convenient in that sense.”

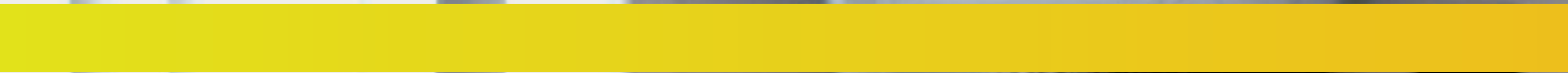
David, Newham patient

Now: A child with diabetic ketoacidosis

A family arrive at Whipps Cross Hospital with their six year old daughter who is diagnosed for the first time with severe diabetic ketoacidosis. As she needs specialist care (which is not available at Whipps Cross) she is transferred to the Paediatric Intensive Care Unit at St Mary’s, Paddington, following the necessary checks and authorisations which cause a delay. St Mary’s Hospital stabilise the girl and she is transferred back to Whipps Cross Hospital to be closer to her family. The girl’s diabetes education programme has to be re-started when she is moved back to Whipps Cross in conjunction with the local diabetes community team, leading to further delays. Using NICE guidelines, treatment options including insulin pump therapy are discussed with the patient and her parents. However the current demands on the local insulin pump service make it difficult for this to be started early and more delays occur. After four months the same little girl presents at Newham A&E with an infection and mild ketosis. Unfortunately none of her patient records are easily accessible and specialist cover is not available so, not knowing the history of the child, she is admitted to the hospital causing her and her parents more distress.

The future: A child with diabetic ketoacidosis

A family arrive at Whipps Cross Hospital with their six year old daughter who is diagnosed for the first time with severe diabetic ketoacidosis. As she needs specialist care (which is not available at Whipps Cross) she is promptly transferred to the Royal London Paediatric High Dependency Unit. Her patient record is available on the Electronic Patient Records Programme and she and her family receive patient advice and information in liaison with the community team close to her home, prior to her transfer back to Whipps Cross Hospital. Using NICE guidance, treatment options including an insulin pump are discussed with her and her parents. She is discharged with appropriate information and managed by an integrated outpatient diabetes service at Whipps Cross Hospital. After four months the same little girl presents at Newham with mild ketosis. Her information is readily available via the electronic patient records system and she is rapidly managed through the medical assessment service and seen by the consultant. On discharge, arrangements are made for the insulin pump service to be provided through the joint specialist service.



Why these benefits are unique to this merger

The trusts believe this merger is the only way these substantial improvements can be made in the short to medium term.

Existing organisational barriers between the trusts make working in partnership very difficult and can delay or prevent service improvements, even when they are in the best interests of patients.

These barriers include:

- **a lack of unified clinical management.** Currently each trust has very different standards and quality of care but it is not easy to improve the quality to that of the best performing trust as there are no incentives and a lot of barriers;

- **financial barriers.** Financial and legal requirements mean the trusts have to charge and recharge for patients' care – this is time consuming and difficult. There are also difficulties in developing innovative solutions between trusts due to the complex financial arrangements that would be required;

- **a lack of clarity on who is ultimately responsible for the quality of care** for patients being treated at different hospitals. We also know that patients often feel they are being passed from pillar to post, with the same tests being done at different hospitals and information about patients not being available in the right place at the right time. Put simply, different trusts do things in different ways. Both ways of doing things might be excellent, but the differences can cause problems especially when patients are being transferred or referred from one hospital to another.

A merger would remove organisational barriers.

The **large size of the new trust** and its associated population would be a distinct advantage in providing the trust with the critical mass it needs to attract additional research funding. The trust would be able to extend clinical trials to eligible patients on all sites much more easily. These opportunities would, in turn, make the trust a more attractive place to work for high quality clinicians both in the UK and abroad.

The new trust would see enough patients to generate significant efficiencies and economies of scale whilst ensuring that local services are maintained and further improvements implemented locally.

The **location** of the trusts is also crucial. More distant locations would mean that sites would be too far from each other to allow for either workforce sharing to help deliver services more locally or centralisation of other services without incurring extra costs or damaging patients' experiences. Since there are a number of other hospitals and independent sector providers nearby, patients will still be able to exercise their choice of provider and the trust will have a strong incentive to deliver improvements for patients.

تعتبر أمانات خدمة الصحة القومية التالية: بارت ولندن، وبيس كروس ونيوهام، أن دمج هذه المستشفيات سيجعل من الأسهل لها أن تقدم رعاية رفيعة المستوى وموثوق بها وفعالة. وسيستمر توفير الخدمات في المواقع نفسها ولا يوجد اقتراح لإغلاق أقسام الأمومة أو الطوارئ. إذا كنت ترغب بالحصول على المزيد من المعلومات يرجى إرسال رسالة إلكترونية إلى merger@elca.nhs.uk أو الاتصال على الرقم 0800 952 0119 واطلب نشرة اقتراح دمج المستشفيات (The clinical leaflet المرجع 106410).

Arabic

বার্টস এয়াত দ্যা লন্ডন, হুইপস ক্রস এবং নিউহাম এনএইচএস ট্রাস্ট বিশ্বাস করে যে এই হাসপাতালগুলো একত্রিত হলে তারা আরো সহজে উচ্চ মানের, নিরাপদ এবং আরো দক্ষ সেবা দিতে সক্ষম হবে। বর্তমানে থাকা জায়গায় হাসপাতালগুলোতেই সেবা দিতে যাওয়া হবে এবং গর্ভকালীন বিভাগ বা এ্যাকসিডেন্ট এ্যাড এমারজেন্সী ইউনিট বন্ধ করে দেবার কোন প্রস্তাবও দেয়া হয়নি। আপনি যদি আরো তথ্য চান তবে দয়া করে merger@elca.nhs.uk এই ঠিকানায় ইমেইল করুন অথবা 0800 952 0119. (Ref: 106410) নম্বরে ফোন করুন ও 'দ্যা ক্লিনিক্যাল লিফলেট' চান।

Bengali

От тръстовете на Британската служба за здравеопазване NHS Barts и The London, Whipps Cross и Newham считат, че сливането на болниците би улеснило осигуряването на висококачествени, безопасни и ефективни грижи в тях. Услугите все още ще се предоставят на същите места и няма предложение да се затворят родилното или спешното отделения. Ако ви е нужна повече информация, моля напишете имейл на адрес: merger@elca.nhs.uk или позовнете на 0800 952 0119 и попитайте за „Брошурата за предложения за сливане на болниците (The clinical leaflet) (Реф. № 106410)“.

Bulgarian

英国巴兹(Barts)和伦敦(The London)医学院、威普大学医院 (Whipps Cross) 和纽汉大学医院 (Newham) 的国家医疗服务体系信托认为，这些医院的合并将使他们能够更容易地提供质量卓越、安全高效的医疗服务。合并后，每个现有医院所在地仍将一如既往地提供诊疗服务，而且并无关闭产科或急症病房的提议。如果您希望了解更多信息，请发送电子邮件至 merger@elca.nhs.uk 或致电：0800 952 0119. (Ref: 106410) 索取“医院宣传单”。

Chinese

बार्ट्स व लन्डन, व्हिप्स क्रॉस और न्यूहैम एन.एच.एस. ट्रस्टों को विश्वास है कि अस्पतालों के विलयन से उनके लिए उच्च कोटि की, सुरक्षित व प्रभावशाली देखभाल प्रदान करना आसान हो जाएगा। हर वर्तमान स्थल पर सेवाएँ प्रदान की जाती रहेंगी और भैटर्निटी या ए. एंड ई. युनिट को बन्द किए जाने का कोई प्रस्ताव नहीं है। यदि आप और जानकारी चाहें तो कृपया ई मेल कीजिए:

merger@elca.nhs.uk या 0800 952 0119. (Ref: 106410) फोन कर के 'द क्लिनिकल लीफलेट' मांगिए।

Hindi

Szpitala Barts and The London, Whipps Cross oraz Trust Newham NHS wierzą, że fuzja szpitali ułatwi świadczenie wysokiej jakości, bezpiecznej i efektywnej pomocy medycznej. Usługi będą w dalszym ciągu świadczone w każdym ze szpitali i nie ma planów, aby zlikwidować oddziały położnicze lub oddziały ratunkowe A&E. Aby otrzymać więcej informacji proszę wysłać email na adres merger@elca.nhs.uk lub zadzwonić pod numer : 0800 952 0119. (Ref: 106410) i poprosić o ulotkę kliniczną, 'The clinical leaflet'.

Polish

Mas'uuliyiinta Isbitaallada NHSka ee Barts iyo London, Whipps Cross iyo Newham waxay aaminsan yihiin in mideynta isbitaallada ay sahlidoon to kor u qaadidda tayada adeegyada, sugidda ammaanka iyo waxtarka daryeelka. Adeegyada hadda ka jira goobahaasi way sii socon doonaan, wax go'aan ahna lagama gaarin xiridda qaybaha dhalmada (maternity) ama gardgaarka Degdegga (Accident & Emergency). Haddaad u baahan tahay akhbaar dheeraad ah, fadlan imeyl waxaad usoo dirtaa merger@elca.nhs.uk ama soo wac telefoonka 0800 952 0119 kadibna waxaad codsataa xaashida mideynta isbitaallada (The clinical leaflet - Ref. 106410).

Somali

Barts and The London, Whipps Cross ve Newham NHS sağlık vakıfları, üç sağlık kurumunun birleşmesiyle daha kaliteli bir bakım, daha güvenli, etkin ve verimli bir sağlık hizmeti verileceği kanısındadırlar. Yeni üneniye göre, yine her bir kuruluş kendi binasında sağlık hizmeti verecek olup, hamilelik, doğum ya da acil servis birimlerinin kapatılması söz konusu değildir. Bu konuda daha geniş bilgi almak için bizimle iletişim kurup klinik broşürümüzü ("The Clinical Leaflet") isteyebilirsiniz. E-posta: merger@elca.nhs.uk Tel: 0800 952 0119. (Ref: 106410)

Turkish

بارٹس اینڈ وی لندن، وپس کراس اور نیوہیم این ایچ ایس (NHS) ٹرسٹس سمجھتے ہیں کہ بہتر لوگوں کو آپ میں ملا دینے سے ان کیلئے آسان ہو جائے گا کہ یہ اعلیٰ معیار کی، محفوظ اور با کفایت دیکھ بھال فراہم کر سکیں۔ سردمزاج بھی ہر موجودہ جگہ پر فراہم کی جائیں گی اور میٹرنٹی یا ایسے اینڈ ای (A&E) یونٹس بند کر دینے کی کوئی تجویز نہیں ہے۔ اگر آپ مزید معلومات حاصل کرنا چاہتے ہیں، تو براہ کرم merger@elca.nhs.uk پر ای میل بھیجیں یا 'The clinical leaflet' (Ref: 106410) پر فون کریں اور 'دی کلینیکل لیف لیٹ' (The clinical leaflet) طلب کریں۔

Urdu

Tin hoi Barts và The London, Whipps Cross và Newham NHS tin là một sự hợp nhất các bệnh viện sẽ làm dễ dàng hơn cho họ cung cấp sự chăm sóc có chất lượng cao, an toàn và có hiệu quả. Các dịch vụ vẫn sẽ cung cấp tại mỗi địa điểm hiện tại và không có dự định đóng cửa khu hồ sản hoặc A&E. Nếu quý vị muốn có thêm tin tức, xin hãy e-mail merger@elca.nhs.uk hoặc gọi số : 0800 952 0119. (Ref: 106410) và hỏi xin 'Tờ tin chữa bệnh' (The clinical leaflet).

Vietnamese

For audio, large print or Braille, please phone: 0800 952 0119 and ask for 'The clinical leaflet'. (Ref. 106410)

We want to hear your views...

The proposal to merge your hospitals has been made after careful analysis of the issues at stake. We have said that the new merged trust is the opportunity of a lifetime to bring the benefits of living in one of the world's greatest cities to the east end. There's a real belief amongst staff and our key partners that this merger can deliver change on an unprecedented scale.

If you would like to get involved, to know more, or to send us your comments then email us at merger@elca.nhs.uk or write to us at: Merger Team, Aneurin Bevan House, 81 Commercial Road, London E1 1RD, or look at our website shown below. We'd really like to hear your views.

www.bartsandthelondon.nhs.uk/proposed-merger