
2nd Floor, Alderney Building
Mile End
Hospital
Bancroft Road
London E1
4DG

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King George Hospital Update

I am writing to update you on the latest position regarding the plan to replace the accident and emergency (A&E) facilities at King George Hospital with a new Urgent Care Centre.

The decision to change the existing facilities at the hospital was made by the government in 2011 as part of a plan to reconfigure health services across the wider area.

The plan, which has now been adopted as part of the North East London Sustainability & Transformation Plan (STP), seeks to enhance services, improve patient safety, and ensure we have the best possible urgent care system to support our growing and ageing population.

After a lengthy and robust public consultation the Secretary of State for Health agreed the change but stipulated a number of conditions be met first. These included the need for investment in alternative facilities at Queen's Hospital in Romford and Whipps Cross University Hospital in Leytonstone. This was to guarantee services are maintained to the highest standard and that demand can be managed in the future.

Under the scheme, the A&E unit at King George will be replaced by a significantly upgraded Urgent Care Centre (UCC).

Run by GPs and nurses, and open 24/7, the centre will benefit from many improvements, including more space and access to investigations such as blood tests and X-rays. It will be able to treat many of the types of cases dealt with by the existing A&E unit and be supported by the 111 and out-of-hours GP service, which is also being developed to provide a modern integrated urgent care service. The only difference will be that patients who call 999 and need treatment by a full emergency medical team will be taken by ambulance straight to a nearby larger unit, such as those at Queen's, Whipps Cross or Newham hospitals.

The decision to make the change was clinically-led. It is necessary because better and more sustainable emergency care can be provided in the longer term, around the clock, if the expert staff and specialist equipment are concentrated in the area's larger units.

In a joint statement, Nadeem Moghal, Medical Director, Barking, Havering and Redbridge University Hospitals NHS Trust (BHRUT), Alistair Chesser, Chief Medical Officer, Barts Health NHS Trust, and Steve Ryan, secondary care consultant for the local CCGs said: "If we put our most experienced, senior A&E staff and our clinical expertise all together in larger units, we can provide a better emergency service with better results for those patients who really need lifesaving, emergency treatment. The nature of an A&E is that the staff don't know who will be coming through the door and what specialist expertise they might need, but putting everything together means the chances are increased that individual patients will be able to see the appropriate specialist.

"Spreading the staff, equipment and expertise across a greater number of hospitals limits us from offering the very best service. There is a London-wide, and national, shortage of senior

A&E doctors and consultants so there is no simple solution in terms of hiring more doctors.

“Experience elsewhere demonstrates most patients can safely be treated in an Urgent Care Centre. This is beneficial as waiting times are usually significantly shorter. Those patients who have really complex care needs, such as a broken hip or severe breathing difficulties, are best treated in an emergency department with a full range of specialist staff, even if it means travelling slightly further.”

To support the changes, investment is needed in alternative facilities at Queen’s and Whipps Cross, where capacity in the emergency departments will need to be expanded so they can treat a small number of patients from the Redbridge and Barking areas. This may also be the case at Newham Hospital, albeit to a lesser extent.

Barts Health and Barking, Havering and Redbridge University Hospitals NHS Trust (BHRUT) are undertaking detailed work to assess the impact on staff and space at these hospitals, including the development of different pathways of care to manage people attending them.

It is our intention to make the changes by 2019 but please be assured nothing will happen until we are fully satisfied all the necessary resources are in place, including the additional capacity at the neighbouring hospitals, and we have made sure it is safe for our patients. In the meantime, the existing A&E facilities at King George will continue to operate as now.

We were considering an option to close the unit at night later this year but have decided not to go ahead with it. This is to avoid any confusion among the public as we want all of the new arrangements in place and properly publicised and explained before we introduce them.

I will keep you updated of any further developments.

Yours sincerely,



Jane Milligan
Executive
Lead

Cc: Ian Tompkins

