Consultation on King’s College Hospital NHS Foundation Trust’s Emergency Department Redevelopment

Report on responses

June 2009

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COMMUNICATIONS MANAGEMENT
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Response from the ED Redevelopment Project Board

We would like to thank everyone who responded to this consultation. This report has been compiled by Communications Management, an independent consultancy who were commissioned to collate all the responses. The full report, including all of the narrative responses has been published on the websites of all the partner organisations involved in the Project Board, King’s College Hospital NHS Foundation Trust, South London and the Maudsley Foundation Trust, NHS Southwark and NHS Lambeth.

We have also written to all those who submitted a narrative response, copies of which are attached in an appendix at the back of the report.

Overall, the Project Board are happy that the proposals we put forward for the redesign of King’s Emergency Department have met with support from the majority of respondents. In particular, the proposed Meet and Greet system, the movement of the walk-in entrance away from busy Denmark Hill and the introduction of more private rooms across the different clinical areas within the department have been well received.

With regard to the treatment of mental health patients, whilst there was a similarly high approval level for the proposals, the narrative responses indicated some specific concerns about how mental health patients should be treated in the Emergency Department. There are a number of recurring themes in the report which we feel we should outline at this stage, as these will lead to some significant changes to the proposed plans.

1. Lack of awareness over the range of services available to mental health patients in crisis in Lambeth and Southwark

The responses to the consultation demonstrate that there is a lack of awareness about options for patients in mental health crisis in Lambeth and Southwark. The ED was never intended to be the main point of access to mental health crisis services in the local area. Many of the narrative responses to the consultation showed the need for somewhere mental health patients could use to drop in and meet up with other patients on a social basis. Obviously the ED would not be suitable for this purpose.

One of our recommendations is that there needs to be continued work to address issues relating to access to Mental Health Crisis Services as a whole, carrying on the work of the Crisis Services Implementation Group which had an oversight of services across Lambeth and Southwark. NHS Southwark will be discussing with stakeholders the best way to take this forward. Future work should include reviewing the current ‘social model’ of Crisis Care commissioned following the closure of the EC, and ensuring that users views are fed into the development of excellent mental health crisis services across the two boroughs.
2. Quiet, safe, designated areas where patients can be supported by mental health staff

Mental health patients attending the ED are primarily those requiring mental and medical treatment. Typically they are presenting with psychosis or having self-harmed in some way and need medical intervention. The majority of these types of patients are admitted by ambulance, and their care will be managed within either resus or majors. On average King’s will receive 5 patients a day of this type, and 3 ‘walk-ins’. These latter patients are those for whom the waiting areas and meet and greet are most relevant.

The proposals as they stand do not offer a designated space for mental health patients. However, we recognise the strength of feeling within some of the narrative responses. It is clear we need to find a way to provide a better identified assessment and waiting area adjacent to the 24 hour Psychiatric Liaison Nurse team, where mental health patients can be observed as required, have access to appropriate quiet, private space and the correct health care professionals to meet their needs. For the average number of 3 patients with mental health needs who would access this area on a daily basis, we believe this will meet the requirements of a safe, secure designated space with specialist advice and treatment available.

Next steps

Now we have all the feedback, we can determine what needs altering in the original proposals, and we are developing an action plan for the next phase of the redesign process. This will involve re-briefing the architects to include a specific requirement for an identified space for mental health patients’ assessment and waiting, and plans to allow for the drop off of patients outside the proposed new entrance. We are also revisiting the original footprint to see where we might be able to find some more space overall. Our hope is that revised plans will be ready by October 2009.

Once again, our thanks to those of you who took part in this process. We hope you can see that this was not simply a paper exercise, but a project designed to give us the information we needed to make the necessary changes to our plans which we are determined will result in a new Emergency Department that meets the needs of all our patients.

Emergency Department Project Board *

* The Emergency Department Project Board is made up of representatives of King’s College Hospital NHS Foundation Trust, South London and the Maudsley NHS Foundation Trust, NHS Southwark, NHS Lambeth, and three lay members with a specific interest in mental health issues, including a representative from Lambeth Local Involvement Network. (Southwark LINk have been invited to nominate a representative).
1. Executive Summary

King’s College Hospital NHS Foundation Trust, South London and Maudsley NHS Foundation Trust, NHS Southwark and NHS Lambeth jointly ran a consultation on the redevelopment of the Emergency Department (ED) at King’s College Hospital between 16 January and 17 April 2009.

During the 13 week consultation period 711 individuals or groups were proactively contacted or engaged to encourage them to participate by inviting them to events, offering meetings, sending consultation materials or visiting their groups.

172 formal responses were received from individuals, groups and interested organisations. 18 of these were narrative responses (16 on behalf of more than one person) and 154 were responses answering the questions on the structured feedback form.

Informal feedback was also collected at public events and during meetings with key groups.

On the whole respondents were positive about the plans with more positive than negative responses being received for every area of the consultation.

Respondents indicated that, in the main, the proposals meet the concerns identified in the pre consultation phase.

In particular there was widespread support for the proposed meet and greet system. The waiting facilities were also widely acknowledged as being improved under the proposals.

There were a number of comments, particularly in the narrative responses regarding the service provision for mental health service users. The focus was on the issue of whether or not these patients should have their own designated space within the ED. Views were mixed with a number of patient representative groups and MPs putting forward the view that mental health service users require a separate space. Other users and clinicians supported the proposed integration of treatment of mental health service users throughout the department.

There were also mixed responses regarding moving the entrance onto Bessemer Road. On the whole it was felt that having a new walk in entrance away from Denmark Hill would be better for security. However, respondents were concerned about the practicalities of dropping patient off at the proposed new walk-in entrance given existing traffic flows and volume on the hospital site.

On the whole respondents were positive about the security aspects of the proposals and the improvements to privacy and dignity which the meet and greet system and quiet spaces would provide.

A desire for the emergency department to be allocated more space was also a particular theme of some responses.

Finally, there were a number of suggestions for the implementation phase, particularly around signage and familiarisation in the new department for patients.
2. Introduction

King’s College Hospital NHS Foundation Trust has embarked on a project to redevelop its Emergency Department. The project was prompted by the need to:

- Improve services and facilities within the emergency department for mental health service users, which was an element of the implementation plan supporting the closure of the emergency clinic at the Maudsley Hospital. The sum of £6 million was pledged by the Department of Health to support this work.

- Review the provision of urgent care services for people who attend the Emergency Department with primary care needs.

- Make improvements to the physical environment and organisational processes of the department to benefit all service users.

A formal public consultation was held between 16 January and 17 April 2009 to seek public views on the proposals.

This report is a summary of responses submitted.
3. Proposed Process

3.1 Consultation process

This consultation was a joint project between four local NHS organisations in South London. The partner organisations are King’s College Hospital NHS Foundation Trust, South London and Maudsley NHS Foundation Trust (SLAM), NHS Southwark and NHS Lambeth.

3.2 Pre consultation

A period of pre consultation engagement was carried out in 2008 to inform the drafting of the proposals which would go forward for formal public consultation.

Eight focus groups were held (five for members of the public, including one for mental health service users and three for staff) along with 50 structured face to face interviews with patients or carers waiting in the Emergency Department. In addition, the project team had discussions with the Psychiatric Liaison Nurse staff team, Approved Social Workers and two former managers of the SLAM emergency clinic. They also sought feedback from two individual service users under the care of the Crisis Resolution Team (CReST), which provides care at home for mental health patients and through outreach work with Cooltan Arts, a local arts project for mental health users.

Based on the feedback at the pre consultation stage of the process a proposed layout plan and a series of service improvements were developed, addressing the specific areas which participants had identified as in need of improvement. These were developed in collaboration with staff from partner organisations and a user reference group made up of recent users of the ED including mental health patients and their carers.

This is the proposal for redeveloping the department which was then put forward for public consultation.

3.3 Scope and reach of the consultation

The formal consultation ran from 16 January to 17 April 2009.

Overall 711 individual or groups were proactively contacted or engaged to encourage them to participate. They were invited to events, offered meetings, sent consultation materials, visited by the project team and engaged at public drop in events.

172 responses were received.
3.3.1 Launch events
A series of launch events were held on 14, 15 and 16 January to raise the profile of the consultation. 185 individuals and groups were invited to attend and view the draft plans and talk to staff during these events. A public drop in event was also held on 16 January. This was advertised on websites of all partner organisations, through local media and posters around the hospital.

57 people attended the preview evening on Wednesday 14 January, 8 attended an meeting for those who had been involved in the pre consultation phase to see the materials in advance and 39 people came to the public event on Friday 16 January.

3.3.2 Consultation displays and events
A permanent exhibition of the proposals was displayed in the ED throughout the consultation period along with supplies of the consultation document. Also, every Wednesday afternoon during the consultation period, an exhibition was staffed in the Golden Jubilee Wing at King’s, which gave patients, visitors and the public the opportunity to view the plans, talk to staff and give feedback on the proposals.

Additionally public events were held at the Aylesham Shopping Centre in Peckham on Thursday 5 March and Olive Morris House, a Lambeth Council customer services centre, on Thursday 12 March to enable the public to contribute their views.

Both were advertised on partner agency websites, around the hospital and in other health centres in the area.

3.3.3 Media and promotion
The consultation received coverage in the local media, with the South London Press in particular, regularly featuring it and printing details to encourage readers to contribute.

The consultation and details of consultation events were available on the websites of all four project partners throughout the consultation period, along with all of the relevant documentation and the opportunity to submit views online.

Events and the consultation were also advertised throughout the hospital on posters and in King’s College Hospital publications for staff and the local community - King’s News and Member’s News mailed out to c 8,000 Foundation Trust members. Information was also included in NHS Southwark’s Involving People newsletter, which was distributed to everyone on NHS Southwark’s public involvement database including GPs and health centres.

In addition copies of the consultation document were circulated to all libraries in Lambeth and Southwark and it was distributed to a host of local partner organizations, voluntary organisations and stakeholders such as MPs, councilors and Chairs and CEOs of statutory bodies.

King’s College Hospital staff were encouraged to contribute using the information on display around the hospital and an online version of the consultation form available on the staff intranet.

3.3.4 Other engagement events
The project team further raised the profile of the consultation with local people who were involved in other engagement or involvement events around the borough. Patient engagement leads encouraged people to submit responses using hand held devices to ensure quick, easy
data collection during the SLAM service user conference and Turning Point event organized by SLAM.

At these events 46 people were asked if they would like to participate of which 17 submitted responses using the hand held devices.

3.3.5 Presentations
38 specific local groups or individuals were offered the opportunity to have members of the project team visit them and talk about the consultation. In particular groups representing mental health service users and BME communities were targeted to ensure they were aware of the consultation and given the opportunity to talk to staff. As a result of these invitations the project team visited 10 groups and meetings, collecting both formal and informal feedback.

These groups included:

- Simba – a BME mental health service user group
- Maroons Carers – BME mental health day centre
- Maroons User Forum
- Carer Group Lordship Lane – Mental health carers group
- Southwark Older Person’s Partnership Board
- A joint meeting of Lambeth and Southwark Mental Health Partnership Boards
- Keep Our NHS Public meeting organised by UNITE and Southwark Pensioners Action Group
- Southwark Mind User Council
- Lambeth Mental Health and Disabled People’s Action Group
- Lambeth Health and Adult Services Scrutiny Sub-Committee
- Southwark Health and Adult Care Scrutiny Sub Committee

3.3.6 Meetings with MPs
Rt Hon Harriet Harman MP, Rt Hon Tessa Jowell MP, Kate Hoey MP and Simon Hughes MP all had face to face meetings at the hospital and the opportunity to talk to staff about the consultation.
4. Responses

4.1 Methods of response

Respondents were able to respond to the consultation in a variety of ways designed to make it as easy as possible to participate:

- The consultation had a tear-off reply form with questions and a freepost address
- A freepost address was set up for those wishing to post their responses
- Boxes were situated around the hospital to allow people to drop their responses off
- An online form was available on all partner websites and King’s College Hospital staff intranet
- Hand held data recorders were used at two events

4.2 Overall response rates

Overall 172 people or groups responded to the consultation with 154 people completing the structured questions on the response form and 18 groups or individuals submitting narrative responses.

Of the 154 completing the structured questions:

- 17 submitted responses using the hand held devices at other engagement events.
- 32 submitted responses using the online form
- 105 submitted hard copy responses using the form provided on the consultation document

4.3 Narrative responses

Of the 18 submitting narrative responses 16 were organisations and individuals representing more than one other person and two had used mental health services.

They were as follows:

- Rt Hon Harriet Harman MP
- Rt Hon Tessa Jowell MP
- Southwark Liberal Democrats elected representatives (including Simon Hughes MP)
- Lambeth Health and Adult Services Scrutiny Sub-Committee
• Southwark Health and Adult Care Scrutiny Sub Committee
• Councillor Jonathan Mitchell, Councillor for East Dulwich, and Liberal Democrat Prospective Parliamentary Candidate for Dulwich and West Norwood
• Lambeth Police
• South London and Maudsley NHS Foundation Trust
• NHS Lambeth, incorporating a response from the joint meeting of Lambeth and Southwark Mental Health Partnership Boards
• The Emergency Department staff team
• The Emergency Department and Child Health Liaison Group
• Southwark Learning Disabilities Partnership Board
• Southwark Mind and Southwark User Council
• Lambeth Mental Health and Disabled People’s Action Group
• South Southwark Practice Based Commissioning Group
• Lambeth Women’s Aid
• One current mental health service user
• One former user of SLAM’s Emergency Clinic

Additionally Southwark Pensioners Action Group responded using the consultation form.
5. Themes of Responses

5.1 Improving the department overall

87% of respondents thought that the proposals would improve the department overall.

In particular the responses from NHS Lambeth, South London and Maudsley NHS Foundation Trust, Lambeth Police, Southwark Learning Disability Partnership and Lambeth Women’s Aid were generally supportive of the proposals. It was felt by these groups and organisations that the plans would meet the clinical needs of a wide range of patients, including in the latter cases, those with learning disabilities or those affected by domestic violence.

Those who commented in the individual response forms on whether the proposals would improve the department overall were also supportive.

Comments included:

- I do think that the overall dept will be improved.
- If you can deliver what you are proposing, then everyone will benefit from the service you’re providing, maybe becoming a centre of excellence.
- Will make it more efficient.
- Is very positive and everyone will benefit.
- Amazing plan, well done!!
- Not overall - but resus patients will definitely benefit as they won’t get pushed out to major areas prematurely.
- Big step forward.
- I believe it will be an improvement.
- Segregation according to treatment and having the nurse meet and greet us, is very good.

5.2 Meet and Greet

88% of respondents said that they felt that the proposals would make the department a more welcoming place.

In both the narrative responses and the individual forms a number of comments were received supporting the introduction of a new meet and greet system.

Support for the meet and greet system was almost unanimous among the narrative responses, with a large number of the responses commenting positively on the impact this will have for all
patients using the department, including mental health service users. Even those narrative responses which were negative about other aspects of the proposals welcomed this idea. In some cases reassurances were sought that the new meet and greet model was financially viable and could be sustained.

Although also on the whole positive, there were some comments made by those submitting their responses on forms which echoed concern about whether the model could be sustained in a busy environment.

Comments included:

- Being seen by a senior nurse instead of a receptionist is the single most important improvement.
- Fabulous idea, well done!
- Meet and greet section to assess the needs of patients and funnel them efficiently is a great idea.
- The idea of initial registry is excellent.
- To have a nurse greet is a very good idea, as past experiences have been distressing when there is a queue for the receptionist and then there is often a further hour of waiting for the nurse.
- Much will depend on the friendly attitude of staff in meet and greet area.
- People brought in by family and friends with mental health difficulties may end up explaining their problems in a ‘waiting area’.
- What if it becomes very busy in the 'meet and greet' space? One member of staff is not likely to be able to see everyone at the same time.
- I'm not sure that using a senior nurse for 'meet and greet' at the front door is the best use of finances or talent, as surely you'll still need triage?

5.3 Security and the entrance

82% of respondents felt that the security of patients would be improved by the new proposals and 79% thought that staff security would also be improved.

In particular South London and Maudsley NHS Foundation Trust, Rt Hon Tessa Jowell MP, the Liberal Democrats and the Emergency Department staff team were all supportive of moving the walk-in entrance away from Denmark Hill. Lambeth Health and Adult Services Scrutiny Sub Committee also welcomed this but raised some concerns about the possibility of increased traffic congestion in this area as a result.

Those who submitted comments on this area on the individual response forms were mixed.
Comments included:

- New entrance is great idea, means less people walking through department to rest of hospital.

- Much better having the walk-in entrance off Bessemer Road. This should be supported by additional security staff and security equipment such as cameras.

- I’m very concerned about losing the link between A&E and Denmark Hill. This link is strong in people’s minds and centres King’s in the hub of the site. Proposals to have a dropping off point for A&E accessed from Coldharbour Lane would cause confusion and difficulty.

5.4 Service provision for mental health patients

82% of respondents indicated that they thought the proposals would meet the needs of patients needing emergency mental health care either ‘very well’ or ‘quite well’.

5.4.1 Issue of separate mental health area
A number of the narrative responses also focused on the issue of service provision for mental health patients. All three MPs, Councillor Jonathan Mitchell, Southwark Health and Adult Care Scrutiny Sub Committee, Lambeth Health and Adult Services Scrutiny Sub Committee and Southwark Mind’s responses all raised the point that when the Maudsley Emergency Clinic was closed in 2007 the Secretary of State understood that the development of the ED would include ‘the creation of a designated space at KCH, adjacent to A&E, which will provide a safe and segregated area for mental health users.’ The interpretation of this direction was seen as key, with a feeling that the current plans did not meet this stipulation. However the Liberal Democrat joint view was that there was a possibility that this could be achieved within the parameters of the current draft plans.

5.4.2 Wider services for mental health patients
A few responses also raised questions about the wider services available to patients with mental health needs. Councillor Jonathan Mitchell refers to the whole local mental health crisis system needing to adequately meet the needs of service users. The Liberal Democrat joint view is that there needs to be drop in facilities established for mental health service users who do not need acute care but need support.

5.4.3 Representation of mental health service users
There were also comments in the narrative responses on whether the proposed plans reflected what mental health service users themselves wanted. Southwark Health and Adult Care Scrutiny Sub Committee also commented that they would like to see more BME representation and young people engaged in the process.

Lambeth Mental Health and Disabled People’s Action Group were unhappy with mental health service users sharing an entrance and waiting areas, and Southwark Pensioners Action group indicated they felt that users were not being listened to. Southwark Mind’s response also highlighted that its members had fed into the process on a number of occasions to reiterate their view that a separate entrance and separate waiting area for mental health patients is vital and necessary to ensure that these patients feel comfortable using the department.
However this was not a view held by all and one of the two users who submitted narrative responses felt that a separate entrance would be stigmatising and voiced a concern that those groups seeking to represent mental health service users did not always represent everyone. He felt he was not represented by the views expressed at public meetings or in the media. Another user focused on the importance of having somewhere safe to go 24 hours a day rather than segregation.

5.4.4 Staff view
The staff view from both King's College Hospital’s emergency team and South London and Maudsley NHS Foundation Trust supported the plans for caring for mental health service users in an integrated manner. Emergency Department staff outlined the plans as being consistent with Department of Health guidance and likely to improve the experience and journey for patients visiting the department. They also commented that because most patients presenting with mental health problems also have a physical problem creating a separate area is impractical and they support the proposals to have quiet spaces which could be used in any area of the department. They also feel the segregated model would not be suitable for adolescent/ paediatric patients.

5.4.5 Individual survey comments
Those who submitted comments in the individual surveys also had mixed views on this subject:

- It does not provide the space and peaceful facilities needed for people in crisis and their carers.
- Reducing the waiting times and increasing privacy should be priority and will overrun the need of a designated area for mental health patients.
- Mental health addressed fully throughout proposal.
- This does not meet their needs at all. It is a huge disappointment. They have nowhere to go now. The emergency clinic should never have been closed if this is all they have been offered in return.
- I think we need mental health A&Es. Having said that I’m a realist. Again though, attitudes in staff need to change. Different cultures have different attitudes to mental health problems, so just changing the environment is only partly solving the problems. Having an A&E based liaison service will take pressure off of staff and make the process quicker and more re-assuring for the service user. I personally think your liaison service is one of the best!
- It will depend on what kind of pressure is put on occupation in the more private areas. I think anyone arriving in the department would prefer to be treated in this type of area so there could be times when there are none available for people with mental health needs. Is it not clear where the liaison nurses will be based - does this mean that at busy times patients in distress could be left in areas where there is no specialist support available? I am also a little bit concerned at the privacy of the 'meet and greet' system in the middle of a busy doorway?
• Improved private spaces, smaller quieter waiting areas, improved security and the fact you will be met at the door will mean much better pathways and a much better experience overall.

• I strongly believe one of the 'quiet private areas' should be reserved for mental health patients.

• Yes, with the idea of 'meet, greet and treat' stress will be reduced as patients are being seen on time.

• I am writing to say how I think it is a complete disgrace how money is not being put aside for a separate unit for people with mental health problems in A&E. I am the parent of a son with severe mental health problems, I have had to wait in A&E for 8 hours no wonder they never get better!! You are putting mental health problems back in to the dark ages.

• Looks promising - but real involvement needed from mental health service users.

5.5 Space

There was no direct question about space in the consultation but a number of people made comments.

The two narrative responses coming from staff groups focused on issues around space and the way the department should be configured to ensure it is fit for future plans. The Emergency Department staff team and Child Health Liaison Group supported the separate reception for paediatrics and the new layout allowing children and young people to be taken for x-rays and tests without being taken through the main adult section. However they felt they needed a larger area than the one offered in the current plans.

The Emergency Department staff team as a whole wanted more space to be allocated. They outlined that with the trauma and stroke centre pending, and a desire to improve facilities for urgent care and mental health as well as increased clinical decision unit capacity, they would like to see more space in plans to allow the clinical decision unit to remain on the ground floor. They supported the idea of moving the entrance away from Denmark Hill and the meet and greet system.

Comments were also made on the individual surveys requesting increased space for both paediatrics and the department as a whole:

• Personally I think moving Clinical Decision Unit (CDU) to a different level will diminish patient care (feel like cargo in lifts) but this is no different to transfer between floors in remainder of hospital- just something to get used to perhaps?

• It does seem more fit for purpose than the current use of space.

• Paediatric area seems to be very small, in fact the same size as current area. Is the new Paediatric Clinical Decision Unit (PCDU) supposed to be within that footprint as well as the rest of paediatrics?
• Minors area does not seem to have been increased to allow for rapid turnaround of patients.

• We need more space, not a re-arrangement of space we already have. 3 more beds in CDU is great but simply not enough for what we have planned. Staff rest room and meeting rooms are now missing off the plans which will hurt. I believe we need to expand our boundaries (by force if necessary).

• No facilities for staff changing and rest areas in the plan.

5.6 Waiting

77% of people thought that the proposals would help keep waiting times to a minimum and 86% thought that they would make the department a more pleasant place to visit.

In her response Rt Hon Harriet Harman MP welcomed the smaller waiting areas in the proposals, as did South London and Maudsley NHS Foundation Trust, Rt Hon Tessa Jowell MP and South Southwark Practice Based Commissioning Group.

Comments made on waiting areas and the length of time people wait to be seen were mixed:

• Don't think will change waiting times.

• Not too sure what impact it will have. Is slightly concerning that someone may be sent to wait somewhere and be forgotten about.

• Minors and majors seem smaller. Indicated that patients will be taken through to areas for further assessment. Space for patients waiting for review in the areas will be further reduced.

• Surely waiting times depends on number of patients, not layout of premises.

• If the staff levels are good, it could make a difference.

• No one wants to be in A&E but a 'meet and greet', and having designated waiting areas, plus a few 'homely touches' will help greatly.

• I like the idea of having smaller waiting areas as it can be very overwhelming waiting in a big noisy area if you are feeling unwell/ in pain etc.

• Sounds much better especially separating very ill people from minors and mental health needs taken into account.

• Minors patients risk sitting in a thoroughfare of patients and relatives attending resus and majors.

• Good to have the quiet places.
5.7 Privacy and communication

84% of respondents felt that the proposals would help patients and staff communicate better with each other and 81% said that they thought that there would be better privacy for patients during consultations and treatment.

This issue was not the focus of any of the narrative submissions.

Individual survey responses said:

- There will always be confusion - but idea seems very well thought out.
- As a sceptic, generally the communication is dependent on the attitudes of staff, so a cultural shift in attitudes and more training on communication skills is needed, not just environmental changes are needed.
- Mental health patients - some people might need advocates and translators.
- Depends on staff, not premises.
- Not enough sound proofed rooms.
- I think the layout increases isolation of each area.
- With well trained staff and all infrastructures in place I think so.
- CDU upstairs will not help.
- There is currently no privacy, anything else must be better.
- Assessment of patients in reception needs closed area to maintain staff safety and patient confidentiality.
- Respect and dignity for all! at last!

5.8 Other themes

5.8.1 Psychiatric Liaison Team

In the narrative responses there was support for the psychiatric liaison team being based within the emergency department to facilitate a faster involvement and more integrated approach to caring for mental health service users. This was a view shared by the Emergency Department staff, NHS Lambeth and Rt Hon Tessa Jowell MP.

5.8.2 Primary care led services

South Southwark Practice Based Commissioning Group focused their feedback on the treatment of patients attending the emergency department with primary care needs. They
expressed some concern about the meet and greet model and outlined a desire to discuss primary care led services at the hospital.

5.8.3 *Implementation – training, familiarisation for patients and signposting*

The importance of testing this new model, investing in training and familiarising people with the new Emergency Department lay out also featured in the responses submitted by Southwark’s Liberal Democrats elected representatives, the Joint Lambeth and Southwark Mental Health Partnership Board and the Southwark Learning Disability Partnership Board.
6. Statistical Feedback from Individual Response Forms

Below is a summary of the responses received on the individual feedback forms.

Narrative responses from MPs and organisations are attached as an appendix.

A total of 154 people responded to the survey using the forms and are identified as follows:

<table>
<thead>
<tr>
<th></th>
<th>Percentage of total</th>
<th>Number of respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient/Carer/Relative</td>
<td>42%</td>
<td>65</td>
</tr>
<tr>
<td>Member of staff</td>
<td>21%</td>
<td>32</td>
</tr>
<tr>
<td>Other</td>
<td>16%</td>
<td>24</td>
</tr>
<tr>
<td>Unknown (did not provide information)</td>
<td>21%</td>
<td>33</td>
</tr>
<tr>
<td>Total respondents</td>
<td>100%</td>
<td>154</td>
</tr>
</tbody>
</table>

6.1 Responses to consultation questions

1. How well do you think the proposals will make the department a more welcoming place?

<table>
<thead>
<tr>
<th></th>
<th>Very well</th>
<th>Quite well</th>
<th>Not very well</th>
<th>Not at all</th>
<th>Number respondents</th>
<th>Extra comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>All respondents</td>
<td>59.1%</td>
<td>29.5%</td>
<td>7.6%</td>
<td>3.8%</td>
<td>132</td>
<td>71</td>
</tr>
<tr>
<td>Patient/Carer/Relative</td>
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<td>32.8%</td>
<td>3.3%</td>
<td>1.6%</td>
<td>61</td>
<td>25</td>
</tr>
<tr>
<td>Member of staff</td>
<td>30.8%</td>
<td>42.3%</td>
<td>19.2%</td>
<td>7.7%</td>
<td>26</td>
<td>13</td>
</tr>
<tr>
<td>Other</td>
<td>81.8%</td>
<td>9.1%</td>
<td>4.5%</td>
<td>4.5%</td>
<td>22</td>
<td>14</td>
</tr>
<tr>
<td>Unknown</td>
<td>60.9%</td>
<td>26.1%</td>
<td>8.7%</td>
<td>4.3%</td>
<td>23</td>
<td>19</td>
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</table>
### 2a How well do you think the proposals will contribute to good security – for patients?

<table>
<thead>
<tr>
<th></th>
<th>Very well (%)</th>
<th>Quite well (%)</th>
<th>Not very well (%)</th>
<th>Not at all (%)</th>
<th>Number respondents</th>
<th>Extra comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>All respondents</td>
<td>36.2% (46)</td>
<td>45.7% (58)</td>
<td>11.8% (15)</td>
<td>6.3% (8)</td>
<td>127</td>
<td>46 combined with 2b</td>
</tr>
<tr>
<td>Patient/ Carer/ Relative</td>
<td>43.3% (26)</td>
<td>43.3% (26)</td>
<td>6.7% (4)</td>
<td>6.7% (4)</td>
<td>60</td>
<td>22 combined with 2b</td>
</tr>
<tr>
<td>Member of staff</td>
<td>23.1% (6)</td>
<td>42.3% (11)</td>
<td>26.9% (7)</td>
<td>7.7% (2)</td>
<td>26</td>
<td>9 combined with 2b</td>
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<tr>
<td>Other</td>
<td>45% (9)</td>
<td>45% (9)</td>
<td>5% (1)</td>
<td>5% (1)</td>
<td>20</td>
<td>10 combined with 2b</td>
</tr>
<tr>
<td>Unknown</td>
<td>23.8% (5)</td>
<td>57.1% (12)</td>
<td>14.3% (3)</td>
<td>4.8% (1)</td>
<td>21</td>
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### 2b. How well do you think the proposals will contribute to good security – for staff?

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<tr>
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<th>Not very well (%)</th>
<th>Not at all (%)</th>
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<th>Extra comments</th>
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<tr>
<td>Member of staff</td>
<td>21.7% (5)</td>
<td>39.1% (9)</td>
<td>30.4% (7)</td>
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<td>Combined with 2a</td>
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<tr>
<td>Other</td>
<td>50% (8)</td>
<td>43.8% (7)</td>
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<td>6.3% (1)</td>
<td>16</td>
<td>Combined with 2a</td>
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<tr>
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<td>33.3% (5)</td>
<td>33.3% (5)</td>
<td>33.3% (5)</td>
<td>0% (0)</td>
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3. How well do you think the proposals will keep waiting times to a minimum?

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<th>Extra comments</th>
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<tbody>
<tr>
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<td>48</td>
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<td>6.7% (4)</td>
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<tr>
<td>Member of staff</td>
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<td>48% (12)</td>
<td>28% (7)</td>
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<tr>
<td>Other</td>
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<td>4.8% (1)</td>
<td>21</td>
<td>11</td>
</tr>
<tr>
<td>Unknown</td>
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<td>38.1% (8)</td>
<td>9.5% (2)</td>
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<td>6</td>
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</table>

4. How well do you think the proposals will make the department a more pleasant place to visit?

<table>
<thead>
<tr>
<th></th>
<th>Very well</th>
<th>Quite well</th>
<th>Not very well</th>
<th>Not at all</th>
<th>Number respondents</th>
<th>Extra comments</th>
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</thead>
<tbody>
<tr>
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<td>45</td>
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5. How well do you think the proposals will help patients and staff communicate with each other?

<table>
<thead>
<tr>
<th></th>
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<th>Quite well</th>
<th>Not very well</th>
<th>Not at all</th>
<th>Number respondents</th>
<th>Extra comments</th>
</tr>
</thead>
<tbody>
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<td>32% (8)</td>
<td>32% (8)</td>
<td>4% (1)</td>
<td>25</td>
<td>11</td>
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<tr>
<td>Other</td>
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<td>10% (2)</td>
<td>0% (0)</td>
<td>20</td>
<td>11</td>
</tr>
<tr>
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<td>28.6% (6)</td>
<td>9.5% (2)</td>
<td>9.5% (2)</td>
<td>21</td>
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</tbody>
</table>
6. How well do you think the proposals will provide patients with privacy during consultations and treatment?

<table>
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<tr>
<th></th>
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<th>Quite well</th>
<th>Not very well</th>
<th>Not at all</th>
<th>Number respondents</th>
<th>Extra comments</th>
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<td>39</td>
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<td>5% (3)</td>
<td>60</td>
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<td>44.4% (12)</td>
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<td>11</td>
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<tr>
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<td>10% (2)</td>
<td>0% (0)</td>
<td>20</td>
<td>8</td>
</tr>
<tr>
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<td>19% (4)</td>
<td>57.1% (12)</td>
<td>19% (4)</td>
<td>4.9% (1)</td>
<td>21</td>
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</table>

7. How well do you think the proposals will meet the needs of patients needing emergency mental health care?

<table>
<thead>
<tr>
<th></th>
<th>Very well</th>
<th>Quite well</th>
<th>Not very well</th>
<th>Not at all</th>
<th>Number respondents</th>
<th>Number extra comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>All respondents</td>
<td>44.7% (55)</td>
<td>37.4% (46)</td>
<td>9.8% (12)</td>
<td>8.1% (10)</td>
<td>123</td>
<td>45</td>
</tr>
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<td>Patient/Carer/Relative</td>
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<td>58</td>
<td>21</td>
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<td>7.7% (2)</td>
<td>26</td>
<td>12</td>
</tr>
<tr>
<td>Other</td>
<td>52.6% (10)</td>
<td>26.3% (5)</td>
<td>15.8% (3)</td>
<td>5.3% (1)</td>
<td>19</td>
<td>8</td>
</tr>
<tr>
<td>Unknown</td>
<td>25% (5)</td>
<td>50% (10)</td>
<td>10% (2)</td>
<td>15% (3)</td>
<td>20</td>
<td>4</td>
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</tbody>
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8. How well do you think the proposals will improve the department overall?

<table>
<thead>
<tr>
<th></th>
<th>Very well</th>
<th>Quite well</th>
<th>Not very well</th>
<th>Not at all</th>
<th>Number respondents</th>
<th>Extra comments</th>
</tr>
</thead>
<tbody>
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<td>6.4% (8)</td>
<td>6.4% (8)</td>
<td>125</td>
<td>45</td>
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<td>29.5% (18)</td>
<td>3.3% (2)</td>
<td>3.3% (2)</td>
<td>61</td>
<td>18</td>
</tr>
<tr>
<td>Member of staff</td>
<td>34.8% (8)</td>
<td>39.1% (9)</td>
<td>21.7% (5)</td>
<td>4.4% (1)</td>
<td>23</td>
<td>14</td>
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<tr>
<td>Other</td>
<td>80% (16)</td>
<td>15% (3)</td>
<td>0% (0)</td>
<td>5% (1)</td>
<td>20</td>
<td>9</td>
</tr>
<tr>
<td>Unknown</td>
<td>52.4% (11)</td>
<td>23.8% (5)</td>
<td>4.8% (1)</td>
<td>19% (4)</td>
<td>21</td>
<td>4</td>
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</table>
9. Other comments

<table>
<thead>
<tr>
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</tr>
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<td>95</td>
</tr>
<tr>
<td>Patient/ Carer/Relative</td>
<td>36</td>
</tr>
<tr>
<td>Member of staff</td>
<td>28</td>
</tr>
<tr>
<td>Other</td>
<td>12</td>
</tr>
<tr>
<td>Unknown</td>
<td>19</td>
</tr>
</tbody>
</table>
7. Informal Feedback

During the course of the consultation informal feedback was collected at meetings and events where groups or individuals did not submit formal responses.

Although the feedback is anecdotal it is still useful for the consultation process and is therefore outlined in the following section.

7.1 Meet and Greet

Many of the groups visited supported the meet and greet aspect of the proposals. Simba, Maroons Carers Group and Maroons User Forum were all positive on this subject. Lambeth OSC wanted reassurances that nurses would have adequate training and experience to identify mental health problems but also felt it could help the emergency department deal with the increased volume of patients which seems likely as a result of A Picture of Health and the Healthcare for London proposals on stroke and major trauma.

7.2 Service provision for mental health patients

There were discussions at almost every meeting regarding the provision for mental health service users in the current proposals. At the Older Person’s Partnership Board there was a discussion about what would happen if all the private areas were full and about the safety of other patients. At the Keep Our NHS Public meeting the wording in the Secretary of State letter was raised and there were questions about number of patients with mental health needs being seen in the department and numbers of psychiatrists available.

At the Keep Our NHS Public meeting there was also a discussion about the pre engagement and consultation process with Southwark Mind and other individuals feeling that they had not been involved enough in this process.

At this meeting they carried the motion that ‘Southwark mental health service users and Southwark community were severely let down by the NHS consultation and changes made to MH services associated with the closure of Maudsley Emergency Clinic.’

Informal feedback from the Maroon Carers, Simba and Carer’s group Lordship Lane underlined the importance of ensuring that services are well publicised and that mental health service users are very clear about the services available to them, especially in a crisis. The range of services available was also the subject of a discussion at the Older Persons Partnership Board and Keep Our NHS Public meeting.

7.3 New entrance

During the meeting with Lambeth OSC there was a discussion about the proposed new entrance/ access via Bessemer Road. There was a view that this area is already heavily congested as it leads to the car park and lots of cars stop to drop off, wait or look for parking spaces there. Attendees at the meeting of the Southwark Older Person’s Partnership Board also commented on the importance of ensuring that parking and drop off issues were properly considered.
At the meeting of the Lambeth OSC the police and representatives of Lambeth LINk were supportive of there being no separate entrance for mental health service users. However Lambeth LINk did feel that more should have been done to investigate how the meet and greet model would work in advance of the consultation.

### 7.4 Suggestions for implementation

In moving forward to implementation a number and individuals made suggestions.

- The Older Person’s Partnership Board suggested that the team consider signage carefully and use colour coding.

- The Lambeth and Southwark Joint Mental Health Partnership Boards suggested all literature be made available in other languages.

- An attendee at one of the public events suggested there should be liaison with the pulmonary rehab team regarding fixtures and fittings.

- Another attendee thought it would be useful to have information about Southwark Carers available in the ED.
8. Conclusion

This report is a reflection of the responses King’s College Hospital NHS Foundation Trust received during the formal consultation period.

Its findings will now be used by the project team to inform the next phase of the project to redevelop the emergency department.
Appendix 1

Narrative responses

- Rt Hon Harriet Harman MP
- Rt Hon Tessa Jowell MP
- Southwark Liberal Democrats elected representatives (including Simon Hughes MP)
- Lambeth Health and Adult Services Scrutiny Sub-Committee
- Southwark Health and Adult Care Scrutiny Sub Committee
- Councillor Jonathan Mitchell, Councillor for East Dulwich, and Liberal Democrat Prospective Parliamentary Candidate for Dulwich and West Norwood
- Lambeth Police
- South London and Maudsley NHS Foundation Trust
- NHS Lambeth, incorporating a response from the joint meeting of Lambeth and Southwark Mental Health Partnership Boards
- The Emergency Department staff team
- The Emergency Department and Child Health Liaison Group
- Southwark Learning Disabilities Partnership Board
- Southwark Mind and Southwark User Council
- Lambeth Mental Health and Disabled People’s Action Group
- South Southwark Practice Based Commissioning Group
- Lambeth Women’s Aid
- One current mental health service user
- One former user of SLAM’s Emergency Clinic
Mr Tim Smart
King’s College Hospital
NHS Foundation Trust
Denmark Hill
London
SE5 9RS

17th April 2009

Dear Tim,

Thank you for meeting with me, Tessa Jowell MP and Kate Hoey MP on 27th February to discuss the plans to re-develop King’s Emergency Department.

Whilst I am pleased that the local Trusts are re-developing the Emergency Department, I am determined to ensure that people are given what was promised when the Emergency Department at the Maudsley Hospital opposite King’s College Hospital was closed - a "safe and secure" space, "separate" and "adjacent" to the emergency department at King’s College Hospital for patients with mental health emergencies.

I was impressed with the new "meet and greet" system which we were shown in February and I welcome this as an important step forward. I also welcome the new smaller waiting areas which have been proposed.

My area of concern remains the provision of services for patients with mental health needs. The mental health service users who are members of Southwark Mind or represented by the Southwark User Council have been clear and consistent when discussing their needs for accessing specialist support when in crisis and I believe that it is essential that their views are taken into account.

Mental health service users tell me they want a quiet and segregated area where they feel safe and where there is someone present to monitor and support them. They do not believe that this will be provided by the current plans.

The Maudsley Clinic offered an open access, twenty four hour, seven days a week specialist service provided by mental health staff in a quiet and discrete environment. As you are aware, there was great concern when it was closed. You will also remember that we were reassured by the Secretary of State’s requirements at the time – for the ‘creation of a designated space at King’s Hospital, adjacent to A&E, which will provide a safe and segregated area for mental health service users who require assessment’.

The current plans do not show this. I do not believe that the quiet, private cubicles proposed in the plans meet this requirement. Patients are more than likely to remain alone and isolated instead of being in a supportive environment with appropriate help readily on hand.
This is not what was promised. There will be no ‘designated space’ that recreates the environment that was previously available at the Maudsley 24 Hour Emergency Clinic.

It is essential that the Emergency Department offers a service of the highest quality to all its users and provide a service which is good replacement for the Maudsley Emergency Clinic - mental health users must not be left with a worst service. I have been working closely with Southwark Mind on this issue and am fully supportive of their formal representations which I have had sight of.

I would be grateful if you would consider this letter as my formal submission to the consultation on behalf of my constituents and look forward to hearing from you.

Yours sincerely,

Rt. Hon. Harriet Harman MP
16 April 2009

Mr Tim Smart
King’s College Hospital NHS Foundation Trust
Denmark Hill
London SE5 9RS

Dear Tim,

Thank you to you and your colleagues for meeting with my two parliamentary colleagues and me to discuss the re-development of King’s Emergency Department in February. As I said at the time, I found the meeting positive and constructive.

I am now writing to provide my response to the consultation. I have copied this to the email address: odconsultation@kch.nhs.uk

I very much welcome the opportunity that the local Trusts are taking to re-develop the Emergency Department (ED). I feel it will certainly be the case that, for the vast majority of patients, their visit to the ED will be a better experience than at present.

I welcome the repositioning of the entrance away from busy Denmark Hill onto the main site. I also feel that the new system of ‘meet and greet’ and rapid assessment by a senior nurse, which you will remember we were able to witness in action, is an important step forward. Similarly, providing smaller waiting areas will be more pleasant for patients and will assist staff in managing the ED more effectively. I think that, in general, the provision of the quiet and private cubicles will also be welcomed by many patients and may reduce the stress that a visit to an ED inevitably entails.

My area of concern however, remains the provision of services for patients with mental health needs. It must be remembered that this re-development is being carried out in the context of the closure of the Maudsley Emergency Clinic. I am unconvinced that the Health Secretary’s requirement for the ‘creation of a designated space at King’s College Hospital, adjacent to A&E, which will provide a safe and segregated area for mental health service users who require assessment’ has been met.

My understanding is that mental health service users are of the view that there remains a requirement for a quiet and segregated area where they feel safe and where there is someone present to monitor and support them. I do not feel that the quiet, private cubicles meet this requirement as patients are more likely to remain alone and isolated in the cubicle rather than in a supportive environment with appropriate help readily on hand.

continues....
I welcome the provision of the Psychiatric Liaison Nurses (PLN) within the ED but I feel that their presence might be integrated within the physical environment of the ED in a way that will fulfill the Health Secretary's requirements. I also understand that, despite the presence of the PLN teams, referral to an appropriate unit following assessment often requires a substantial wait. If the clinical pathway through the ED and beyond is likely to be lengthy for mental health service users, the provision of a space where they feel safe becomes even more important.

Under the current proposals, there will be no 'designated space' that recreates the environment that was previously available to mental health service users at the Maudsley 24 Hour Emergency Clinic. Out of hours, mental health service users in crisis are currently advised to attend the ED. If they feel that the environment in the ED is not conducive to their well-being they simply will not attend.

I do hope that it will be possible to modify the plans to ensure that the huge and welcome investment in the ED will deliver a service of the highest quality to all users and provide a fitting replacement for the Maudsley Emergency Clinic.

Yours sincerely,

Tessa Jowell

Rt. Hon. Tessa Jowell MP
Southwark Liberal Democrats elected representatives response to the consultation on the redevelopment of the Emergency Department at King’s College Hospital NHS Foundation Trust

We welcome consultation about changes in local NHS services for users in Southwark and more widely in south London. We believe that until the “democratic deficit” in the NHS is remedied, NHS trusts need to work especially hard to seek maximum support from their users and the elected representatives from the areas that users live.

We are very aware that this redevelopment has been triggered by 2 changes-

-the growth in demand for A & E services at King’s College Hospital (KCH)
-the closure of the Maudsley Hospital Emergency Clinic in 2007

It is also highly significant that £6m was provided to KCH by the Government to deal with the consequences for KCH of the Emergency Clinic closure, and that this decision was very publically made after a very long and determined campaign by many users, families and supporters and with very clear intentions expressed by the then Secretary of State, Patricia Hewitt.

In her letter of the 12th January 2007 the Secretary of State (SoS) gave her decision on the proposals by SLAM NHS Trust to reconfigure local mental health services. The SoS only gave her decision once she had been informed of a specific proposal to strengthen the local A & E service, which had been added to the local implementation plan. This proposal was for “the creation of a designated space at KCH, adjacent to A & E, which will provide a safe and segregated area for mental health users that provide assessment”. We believe that the closure of the 24 hour Emergency Clinic would not have been agreed to if this “designated space” proposal had not been included and note that it was confirmed in the same decision letter that NHS London had agreed to provide the necessary capital funding to enable the proposed changes at KCH to be put in place. Before agreeing to the 24 hour clinic closure the SoS said that she agreed that the other elements of the mental health system need to be sufficient and that local stakeholders need to be confident about this, particularly in relation to local A & E services. The SoS welcomed the newly strengthened proposals-for the designated space adjacent to A & E and reached the conclusion that the concerns about capacity and appropriateness of A & E for mental health service users would then be met by the revised local implementation plan. The SoS made clear she wished the plans to be tested and agreed locally through a robust implementation plan and for any wider issues to be fed in. The SoS asked Lambeth and Southwark PCTs to test and oversee the proposed changes so that the mental health crisis system as a whole meets the needs of mental health crisis service users.

Many aspects of the redevelopment are positive and we support them enthusiastically. It makes sense for KCH to plan a complete overhaul of A & E rather than just to seek to address the issues arising from the closure of the Emergency Clinic.

Good Things

-The argument to move the walk in entrance to A & E from Denmark Hill to Bessmer Road makes sense. This will separate ambulance traffic to and from A & E from people coming in by foot. This is more safe and clear.
- This proposal would also move the main entrance for A & E admission away from the main road.
These 2 changes on balance make the A & E safer for users

- the promise of a 24-hour meet and greet service from a senior nurse
- additional use of the 1st floor for the clinical decision unit
- the promise of more beds and private rooms in the clinical decision unit and resuscitation
- separate registration of patients coming in by ambulance
- separate 24 hour reception for children

The numbers

We have to accept the records of numbers of patients given to us by KCH, who are open to scrutiny on all such information. We have been told that about 380 patients are seen in the Emergency Department each day at present (already up by 30 from the number printed in the summary consultation document). We are told that on average no more than 8 of these patients have mental health problems, and 5 of the 8 are admitted by ambulance. We were also told that many of these 8 patients have a combination of physical and mental health needs.

The views of users

Over recent months and years we have talked to a good number of users of KCH A & E and the Maudsley, both physical and mental health users. The facilities at KCH A & E have improved significantly over recent years but still need further improvement. £15m investment should make a big difference and nothing but the best should be the objective. The previous users of the Maudsley emergency clinic always argued in favour of the benefit of a dedicated separate specialist service. For them going into the Maudsley guaranteed that they were not stigmatised and that they would be surrounded by professionals and patients, all of whom understood the sort of needs which mental health patients have. These people need to know that the new facilities will give them the same or a better response if possible. There were and will be other patients who would not wish to go into a separate hospital building or space, known to be only for mental health users. It is impossible to know accurately how to give the most confidence in using outpatient hospital services to the greatest number.

The mental health services we need

We have a clear view as to what should be offered as the range of mental health services in Southwark and Lambeth and elsewhere in south London.

The range of mental health services needed is as follows.

1) There should of course be as much help and support given for people to be treated in their own homes. Community psychiatric services have improved and will always be vital.
2) Above all in London there need to be drop in facilities for those with mental health problems-accessible, pleasant and open 24 hours a day, so that there is a place away from home for people to go, who do not need acute care but support, befriending, safety, reassurance and advice. Obviously these need to be provided as a London-wide service and adapted over time to meet needs at the most economical cost.
3) There need to be suitable facilities at every acute hospital for people with mental health needs. KCH should use the opportunity of this development to implement the best practice available.

The Big Questions-Asked and Answered

We believe that it is vital that the basis on which the last SoS agreed to the Maudsley Emergency Clinic closure must be honoured in the redeveloped A & E. It has been confirmed to us that legal advice has been taken about the exact meaning of “safe and segregated” area-which will be a designated space, adjacent to A & E, for users who need assessment. **We strongly believe this advice should now be published so that SLAM and KCH are seen to be acting consistently with assumptions made by the Secretary of State.** We cannot make a final comment on the proposals until we have seen the legal advice. We are, however, willing to suggest what may be the best practical way which we understand would meet the “safe and segregated objective” and which follows the best professional medical advice.

1) There should be a **common entrance** for all acute and emergency patients who walk in themselves or are brought in by others (other than by ambulance)

2) Over the entrance a **large and clear sign should make clear that KCH offers a safe and secure service for people with physical and mental health needs alike**-clearly welcoming as well as informing. This sort of access should produce a non stigmatising entrance for all users-some of whom will have both mental and physical health needs.

3) There need to be **senior nurses just inside the door 24 hours per day to meet, greet and direct to the appropriate space**

4) The **red card system should be continued and everybody invited to use it if they wish and reviewed and assessed annually.** This would allow people to show they were mental health users without saying anything.

5) Those immediately identified as **mental health users should then be directed to the dedicated spaces** for these users, which should be safe, secure and segregated from the rest of the activity in A & E. Assessments should be carried out here by the dedicated mental health professionals. The plans we have seen, which are still outline in design, could and should allow this and should be developed to include this. The size, shape and layout of this area may need to be modified in light of experience. The most important thing is that mental health users, like those with physical health needs, need discreet respectful areas, where assessments can be carried out privately not publically

6) At the end of treatment an objective sample of no less than 1 in 10 and no more than in 50 should have **follow up contact to ask them to feedback on their experience** in A & E and lessons should be shared and learnt and necessary modifications made.

7) Of the £15m budget **£1m should be held back to make any further physical changes that become necessary** to respond to patient and public demand (unless the Trust can guarantee access to a similar amount of money in the future).

8) London NHS or the Health Secretary must be asked to provide **written confirmation that the new plans are consistent with the basis of decisions taken in 2007**

9) A meeting should be held by SLAM, KCH and Guy’s and St Thomas’s with all Lambeth and Southwark MPs and the Executive Members for Health and the Chair’s of Health Scrutiny Committees for both boroughs for an **annual review of treatment of all mental health users in our 2 boroughs, with the power to make formal recommendations** to the boards of all acute and primary care trusts.
10) The final proposals put forward by the trust must **command support from professionals and users** alike and the process of designing, implementing and reviewing them must be inclusive and seen to be inclusive.

This response is on behalf of Southwark Liberal Democrat elected representatives including Southwark Liberal Democrat councillors and Simon Hughes MP.
PROPOSED CHANGES TO KING’S EMERGENCY DEPARTMENT

Dear Jessica Bush,

On behalf of Lambeth Council’s Health and Adult Services Scrutiny Sub Committee can I thank representatives from Kings College Hospital NHS Foundation Trust and other NHS colleagues for attending the council briefing session on 23rd February 2009 and the sub committee meeting on 25th March to discuss proposed changes to Kings Emergency Department. Can I also take this opportunity to acknowledge and thank staff at Kings A&E for their time in facilitating visits by the committee to the department in conjunction with both the present consultation and earlier discussions around the closure of the Emergency Clinic at the Maudsley.

In respect of the current proposals, the committee would wish to submit the following comments.

The committee is aware that significant work has gone into the re-design process over a considerable period of time and members very much welcome the principles and aspirations that underpin the plans to improve the physical environment of the ED and create the easiest experience for patients and families/friends at a time when many individuals are suffering acute distress.

The plans have been developed at a time when significant organisational change is underway in the provision of acute health care across London and in the south east sector specifically. The committee would firstly question the strength of the evidence base which has determined that there is sufficient capacity within the ED to deal with the pressures arising from the likely redirection of more patients towards Kings who require emergency treatment, and whether this capacity will continue to exist.

A decision is still awaited in respect of A Picture of Health, however the NHS proposals see a reduction in hospitals receiving A&E patients in outer south east London; taken together with the pan-London review of acute stroke and trauma services (whereby Kings is in the running to be one of only four specialist centres for trauma and one of eight for stroke) there will no doubt be a significant number of new patients seeking the hospital's A&E services. The committee is not sufficiently convinced that the commissioning PCTs have yet substantiated the volume impact arising from the changes nor, accordingly, that Kings has been in a position to build this into the current design proposals. No hard figures have been presented to the committee nor do projections appear in the documents circulated to us. The separation of the ambulance and public reception areas proposed in the plans will no doubt alleviate some pressures in the reception of patients; however we must question whether adequate spatial and clinical capacity is in-built to the department structure to cope with likely increases in attendances. We have not received information about the net increase in bed spaces arising from the redesign, although the committee notes that within the consultation plans there is some mention of increased capacity and that a larger CDU will be located on the first floor.

At the briefing on 23/2 the committee was advised that further analysis is being done around the impact of the trauma presentations but that no extra money is being pumped into the new acute trauma centres by NHS London. Separately members of the committee have heard that there are approx 1600 acute trauma
patients in London per year. Whereas these patients are now seen across a range of London hospitals, the Healthcare for London consultation recommended proposals suggest these will in future be concentrated upon four centres. We therefore have some concerns about physical capacity in the ED and whether sufficient space will continue to exist to move people rapidly through to the discrete waiting areas as envisaged in the consultation plans. The committee would like to stress that it is fully supportive of the recommendation that Kings be the location of one of the new trauma centres and has every confidence in the trust’s delivery of excellent trauma services. We would however like to ensure that redevelopment, and the consequent short term upheaval this will involve, delivers a department that is fit for purpose in the longer term.

We further note that the re-design proposals require a significant increase in staffing – it was estimated to us that this would involve approximately an additional 100 nurses, 60 doctors, plus porters etc. It is understood that the revenue costs of staffing will be met from the trust and are not part of the £6m allocated for capital works to the department. The HfL/PoH change proposals taken together with the new design proposals are likely to require a not insignificant financial investment on the part of the trust and the committee would wish to be assured that the resources – and in particular the resources to support staffing levels - are available and sustainable for the new systems to be maintained over a period of time.

The committee supports in principle the ‘meet and greet’ system and the clinical component this involves. We were advised that a pilot had been run and was well received but would suggest that this needs some further testing, particularly at different times and over a more concentrated period of time. We appreciate it is not an entirely realistic model whilst other elements of the new system are not in place but applaud the fact that the trust has sought to address the problems highlighted by clients going through the existing reception/triage system.

Turning to provision for patients with mental health needs, this is clearly a matter which has emitted strong emotions. The committee heard views from the Local Involvement Network (LINk), from Lambeth police and from mental health service users. The general view conveyed was that there was not a need to create a separate entrance to the ED for individuals suffering a mental health crisis and we are happy to support that position. Further the statistics presented to us – that 80% of patients attending who have mental health needs are unknown to the service - would suggest that clients may not so identify themselves on a first presentation nor be aware that separate provision existed.

However the position of a discrete area within the department remains for us less clear cut.

We recognise the need to provide emergency care for everyone in the local community and consider that the design has sought to provide a number of quiet spaces which can deliver privacy and greater dignity for all client and this is to be welcomed. We are also of the view that the trust has a duty to ensure that staff working in the department need to be working in conditions which they consider to be safe and the design of these quiet spaces needs to factor this into account.

We note that the PLN team is now based in the department and that there will be two PLN on duty at all times. However it is also understood that those staff have duties throughout the hospital, not just in respect of the ED. This suggests that some patients attending in crisis may not have the immediate access to support as was perceived to be the case with the former Emergency Clinic. However we also acknowledge that the trusts are seeking to strengthen community mental health services, including home treatment, to deliver a quick response to clients in times of crisis and reduce the need for individuals known to the service to seek treatment via A&E.

Notwithstanding these strengthened arrangements (and the committee will be hearing more on this at its next meeting) it is the case that clients with mental health needs continue to present at A&E and that Lambeth and Southwark experience high levels of mental ill health. Our observations around the adequacy of the ED mental health provision therefore relates back to issues around capacity. We are not yet assured that there is sufficient designated space where PLNs can see clients or where mental health patients can wait in safety – concerns remain about clients potentially leaving the department whilst waiting to be seen. In particular the Minors area appears to be quite small and whilst the documentation
about mental health provision cites Minors as providing informal consulting rooms, the description of the area states it as having ‘at least two individual private rooms’. However these (potentially two) rooms will also provide for other clients using Minors. It is therefore this provision which we feel may benefit from more design work if the decision is to be taken not to provide a discrete area for mental health clients. The committee is interested in the wider feedback arising from the consultation on that specific issue.

We would however question whether the design reflects the spirit of the commitment made by the Minister of State for Health on 5/2/07 when she spoke in the House of Commons of proposals ‘to create a designated space at Kings College Hospital ….. to provide a safe and segregated area for mental health service users requiring assessment’; and the statement made to the media by Kings on 8/2/07 which announced that ‘it will be receiving £6 million from the NHS to improve mental health services within the Trust’ and that planned works include ‘a quiet area within A&E for patients waiting for medical treatment away from the main reception’.

Finally the committee would wish to comment on the external access arrangement for patient coming to the ED. It is to be welcomed that by relocating the entrance the department will be treated less as a general thoroughfare by patients and public seeking to access other areas of the Kings site and therefore cause less disturbance to those using the A&E. However we do feel that caution is needed as to how the new entrance via Bessemer Road is accessed particularly for those dropping patients off by car at the front entrance. This is already a heavily congested area leading to the car park and jams and obstructions regularly occur as people wait or seek very limited parking spaces. The new entrance may only add to congestion. We welcome the commitment from the trust to look at the access further to ensure that the proposed arrangements are suitable. The committee would also like to offer any support that may be practical in bringing the trust together with council transport planners etc to best address associated issues.

The trust has already agreed to return to the committee to discuss the findings from the public consultation on the Emergency Department and members look forward to hearing more.

Yours sincerely

Cllr Helen O’Malley
Chair, Health and Adult Services Scrutiny Sub Committee
Lambeth Council
HOMalley@lambeth.gov.uk

cc  Tamsin Hooten, Chair ED Project Board, Southwark PCT
    Kevin Barton, Chief Executive, Lambeth PCT
    Cllr Lorna Campbell, Cabinet Member Health and Social Care
    Jo Cleary, Executive Director Adult Community Services
    Cllr Adeokun Lasaki, Chair Health and Social Care Scrutiny Committee, LB Southwark
Southwark Health and Adult Care Scrutiny Sub-Committee

Response to the proposed changes to services provided from Kings Emergency Department

April 2009
Background to the response

1. On the 4th February 2009 members of the Health and Adult Care Scrutiny sub-committee considered proposals currently under consultation for the King’s Emergency Department (KED).

2. NHS Southwark is working in partnership with Kings’ College Hospital NHS Foundation, South London and Maudsley NHS Foundation Trust and Lambeth Primary Care Trust to improve the Emergency Department at Kings’ College Hospital.

3. Currently KED sees on average 350 patients a day.

4. Of particular interest to members are the patients presenting with mental health problems and engagement with service users, particularly BME and young service users.

5. At the meeting on 4th February members heard from a number of staff and service users about the proposals currently under consideration.

Key issues of consideration

Access of Service by users with mental health problems

6. The Health and Adult Social Care committee has previously scrutinized the decision to close the Emergency Department at the Maudsley Hospital. As a result of the issues raised during this consultation and resultant scrutiny procedure, members are highly mindful of the need to provide appropriate services for those with mental health needs.

7. Members expressed concern that, despite previous suggestions that ‘a designated space within A&E which will provide a safe and segregated area for mental health service users who require assessment’ could be provided this option was not part of the consultation.

8. However, members also noted the report by Ros Levinson which reviews services users and staff views on the redevelopment which clearly states ‘some mental health users – but not all – wished to see as much separation as possible for mental health users in the ED, including a separate entrance and waiting area. However, some service users, and staff in general, saw segregation as stigmatizing and unnecessary’.
9. Therefore, although separation is unnecessary, physical design and staffing which is more sensitive to the needs of users who may not be able to communicate their issues as clearly as others, particularly those with mental health issues is clearly a priority.

10. The committee also notes that although it has strong and often differing opinions on the most appropriate developments for mental health users, it is mental health service users groups that are in the best position reflect on how the changes might impact on their use of such a facility.

Engagement with service users

11. Members raised concerns that the sample of users who took part in the same report as referred to above was not representative of the population, particularly with reference to the BME community.

12. It is recognized that there are some difficulties in making contact and establishing relationships with such groups. However, concerns remain that the report and therefore the recommendations may not be a truly reflective view.

Other concerns

13. Members also required reassurance that the bed space provision was not going to be impacted as a result of the redevelopments.

14. Members also expressed concerns that the new proposed meet and greet strategy would require significant additional staffing resources and it was unclear as to how this would be achieved.

Recommendations

The sub-committee supports a redevelopment of the KED. However, it the following recommendations are a condition of its support for any redevelopment:

i. That the needs of patients with mental health issues be carefully considered in final design factors and that no decision is taken until mental health service users groups are in agreement with the proposed changes. The committee would like to be satisfied that the issues raised by such groups have been fully addressed. It is suggested the committee receives a further briefing in conjunction with the report recommended in point (iv).

ii. That any further and indeed future consultation on changes of redevelopment to KED include a representative sample of both young people and BME service users.
iii. That confirmation is sought about the number of bed spaces and resources required to achieve the proposed changes to the services, specifically the meet and greet service.

iv. That members be informed of the result of any trials and testing to floor plan design and layout and a further report submitted to the committee once all consultation responses have been analysed.

Health and Adult Care Scrutiny Sub-Committee membership:

Councillor Adedokun Lasaki (Chair)
Councillor Susan Elan-Jones (Vice-Chair)
Councillor Michelle Holford
Councillor Jonathan Mitchell
Councillor Caroline Pidgeon
Councillor Martin Seaton
Councillor Danny McCarthy
1. My main concern in this Response is regarding the key area to be addressed, namely the "Improved services and facilities for mental health service users", whom I shall refer to hereafter as "mental health patients" or as "MHP".

2. **Background**  On page two of the Consultation document in relation to "specific issues for mental health users" are three proposals the Consultation suggests we must "strike a balance between". The middle issue or proposal is "those who would like a separate segregated area for the treatment of mental health patients".

The Consultation Plan, the rest of the document, and all the evidence I have heard or read from Health professionals or bosses, fails to leave for public consideration this middle proposal for a separate area for mental health patients (MHP). There is no floor space on the plans for such a separate area. It is clear to me that a decision has already been made that no separate or segregated area for MHP in the Kings A&E Department is going to be provided, and in my view in this regard the Consultation is a sham.

3. On or about the 12th January 2007 the then Secretary of State for Health, Patricia Hewitt, said in relation to the closure of the walk-in Emergency Clinic at the Maudsley Hospital: "I also understand that a specific proposal to strengthen local A&E services has now been included in the local implementation plan: creation of a designated space at Kings College Hospital, adjacent to A&E, which will provide a safe and segregated area for mental health service users who require assessment".

Patricia Hewitt also added: "I am requiring Southwark PCT and Lambeth PCT to test and oversee the implementation of the proposed changes, including proposals to improve A&E facilities at King's College Hospital, so that the local mental health crisis system as a whole adequately meets the needs of mental health crisis service users".

4. In my view it is irresponsible to have ignored these words of the then Secretary of State. I recommend that there should be a safe and segregated area for mental health patients at Kings A&E Department, that all future discussions and consultations take this into account, and that revised or new plans be produced to include such a separate area for MHP at Kings.

On page 3 of the Consultation document it is stated that the Plans at Kings may include "A base for our psychiatric liaison team". I put forward the suggestion that part of the floor space to be used for this "base" should include the "safe and segregated area" for MHP in critical need of treatment or assessment.

5. In June 2008 Ros Levenson produced a "Report on the Views of service users and staff" on the King's Emergency Department Redevelopment. At page 18 she wrote the following: "There was a lot of discussion across the groups on whether there should be separate waiting areas for mental health service users. Some users clearly missed the old
Emergency Clinic and wished to see as much separation as possible from the main Emergency Department. Some wanted a separate entrance and waiting area for mental health service users. Most of the support for separate areas appeared to come from mental health service users themselves, but some saw segregation as stigmatising and unnecessary”. It is clear to me that a majority of the MHP want there to be a safe and segregated area for their treatment and assessment.

6. There is not the space here to go into a detailed rehearsal of the evidence from health professionals and others as to where MHP might find beds in a crisis. Suffice it to say the emphasis was on "care in the community", and "accessing crisis services". But where? It was clear the plan is for there to be no beds at King's for MHP in need, but totally unclear on the evidence where these "other services" would be, and a lack of clarity about what these other services actually meant.

As for what was being suggested for MHP users at Kings:

(a) it was unclear how many cubicles there would be in the general public area of A&E, or where the "individual rooms for patients experiencing mental health crisis" would be and how many, and how many bed spaces were available for patients in need;

(b) no adequate details were available as to what number of staff of the requisite training there would be to "meet and greet" and assess MHP, nor of the nature and level of any security arrangements that may be required;

(c) although it was stated that the "meet and greet" design option "will enhance patients' privacy and dignity and they are less likely to be overheard in the general A&E area by others using the facility", no details were given as to how this was going to be achieved.

7. Sadly this was, in relation to the needs of MHP and the public, a poor Consultation Document and Plan, which fails to deal with the real needs of mental health patients in this part of Southwark.

JONATHAN STUART MITCHELL
Briony - please see the following submission. It has been drafted in response to the consultation around proposed improvements within the ED at Kings.

I was tasked to write it on behalf of Supt Musker.

- The reconfiguration of the reception area will - we believe- have a positive impact on the overall management and tenor of the department. The provision of a meet and greet facility will allow for better management of both patients and ancillary individuals who frequent the department. In short, it establishes a cadre of "competent guardians" at first point of contact for all those attending.
- Allied to this is the allocated space for a security presence within the ambulatory entrance; this makes a very specific statement about ownership of that key area.
- CCTV has proved an invaluable tool when used by appropriately trained and motivated staff. As King's Security Team clearly demonstrate these qualities on a constant and continuing basis: we would support improved coverage as part of any design specification.
- Lambeth police have a full time, dedicated police officer working alongside the King's community. Given the nature and condition of many individuals attending the ED, the officer is rightly expected to base himself there when deployed on patrol duty. We believe that the security (both actual and perceived) provided by this officer would be enhanced and more widely enjoyed if he were to be co-located within the revised ED in a dedicated MPS space. Further reassurance and visibility could be had if this space was big enough to allow other uniformed officers to drop in and work remotely. The Hospital would benefit from their continuing presence and availability, rather than loosing them to the Station to complete administrative tasks.
- The MPS also supports the proposed split in entrances to the ED: ambulatory patients will go in via Bessemer Road whilst ambulance cases will still come in via the entrance fronting Denmark Hill. This clear delineation will allow for better access control. It will also keep police deployments largely away from the gaze of patients accessing ambulatory services.
- The creation of quieter and more private treatment areas will be of benefit to police operations. Whilst this submission makes no comment on the general point of dignity and privacy for patients, from a professional view the benefits are clear. Statements can be taken, evidence collected and information passed without fear that it will be overheard - possibly to the detriment of the individual supplying it to police. Prisoners under guard will also benefit from not being so much on public display. This will, in turn make their management by police and hospital staff easier. Armed officers are deployed to the ED on a regular basis. A key point here is maximising the opportunities to separate the life of the ED and the activities of those officers. A secondary, but equally crucial issue, is the increased availability of enclosed waiting areas. These will allow enhanced segregation of conflictual friends and relatives. The space will allow for management of potential conflict as opposed to the managing of disorder once it has broken out.
- Lambeth police support the integrated approach being adopted to the management of those presenting with mental health problems. Discrete, fractured and difficult to access provision makes referral difficult. Co-location of services with a single and clearly identified path also makes the management of those in police detention that much easier.

In summary, Lambeth Police and by extension the MPS enjoy a close and deepening working relationship with Kings and in particular the ED. We look forward to building on that relationship through contributing to the design detail once the consultation is complete.
Dear colleague,

We are writing to express our full support for the redevelopment plans at King's College Hospital Emergency Department. We believe that the implementation of these plans will provide the local community, including people with mental health problems, with access to safe, appropriate and effective emergency support within a modern hospital environment.

In our clinical opinion, the proposals will benefit patients. Specifically:

- the provision of quiet waiting areas and treatment rooms throughout the department will benefit all patients, whether they have a physical or mental health problem, and is a better arrangement than asking people to wait together in one busy area;
- the new assessment process will help ensure that the needs of people who present at the Emergency Department are met as effectively and efficiently as possible;
- the plans for a new main entrance, situated away from the busy main road, will help improve the therapeutic environment.

The careful consideration that King's College Hospital NHS Foundation Trust has given to the needs of people with mental health problems is to be commended. We look forward to continuing our partnership with King's to ensure that the best possible
care and treatment is provided for the local community.

Yours sincerely,

Dr Martin Baggaley
Medical Director

Professor Hilary McCallion
Director of Nursing and Education
NHS Lambeth: response consultation on changes to the Emergency Department at King’s College Hospital NHS Foundation Trust.

NHS Lambeth welcomes the changes planned to the Emergency Department (ED) and supports the approach to improving the experience of patients using the Department especially for children and for people with mental health difficulties.

NHS Lambeth, as a participant in the process, has welcomed the extensive consultation on these changes and looks forward to hearing the outcomes and the subsequent proposals. We would expect to continue the dialogue on the implications of these changes, including monitoring the impact of the increase in Clinical Decision Unit (CDU) beds, through contract meetings led by LSL Alliance. NHS Lambeth is very aware of this development’s link to the closure of the SLAM Emergency Clinic and the concerns of NHS Lambeth Board members that the needs of mental health users should be catered for in the planned changes to the ED. As you will be aware a number of NHS Lambeth Board members have been involved in visits to the Department to review the proposals over the consultation period. Our response is given below and, also, we have incorporated the views of the Lambeth & Southwark Mental Health Partnership Board.

1. NHS Lambeth have some general comments and also some points specifically relating to the redesign with respect to meeting the needs of people attending who are mentally ill.

1] We greatly welcome the stationing of nurses on a reception desk near the entrance to assess the immediate needs of people and direct them to the correct part of A and E. We also greatly value the use of coloured directional lines on the floor, to aid the signposting through a complex and far from ideal layout. From observation of the current layout, many people seemed to be uncertain on navigating through the Department.

2] Whilst recognizing that the fixed structures of the department may preclude a simpler and more straightforward layout, we wish to highlight that it was easy to be confused by the number of small discrete areas. Therefore, we suggest it would be highly beneficial in the redesign to have some common pathways through the department illustrated and the rationale described - in all cases starting from the principle of what is in the best interests of patient safety.

3] We would welcome a clinical view on the balance of different types of cubicles/beds and private consultation space in the new proposals given an analysis of the needs and numbers of people attending. Whilst understanding the importance of observation and fast throughput we wonder how the estimated running costs compare with the current costs and those of St Thomas A and E.

4] We would like to see the results of an equality impact assessment to assure NHS Lambeth that the needs of all sections of the community are being met.

5] With specific regard to mentally ill people attending A and E we would like to emphasize the following points:

* the importance of a Psychiatric Liaison Nurse (PLN), or another nurse if Necessary, being available to be with the patient from when the nurse at the meet and greet desk directs the patient in to the department to when they
leave. This seems the most supportive way of addressing patient safety concerns.

* the need for a safe calm secluded place for any mentally ill person who does not need urgent physical treatment or restraint, accompanied by the psychiatric liaison nurse to aid assessment and give reassurance and support.

* The benefit of familiarity of space and process for mentally ill people who attend A and E to help prevent confusion, and uncertainty and the hurly burly of a busy department inducing distress, fear, or panic. This requires the optional pathways through the department to be reduced to the minimum consistent with patient safety and with the variations explicitly justified by what is in the best interests of patient safety.

* The need for one of the calm peaceful secluded spaces that will be used by PLNs to be earmarked as the place where mentally ill people normally go subject to not needing physical treatment or restraint and accompanied by a PLN.

* We would also like to understand further how the additional funds to support the safe care of mentally ill patients, allocated by the SHA as a result of the closure of the Emergency Clinic have been used to support mentally ill people attending A and E.

6] We are most concerned to ensure that the upgrading of the A and E proceeds as fast as possible and for this to be possible it is necessary for all partners to be clear that the needs of mentally ill people are being addressed in keeping with the Secretary of State’s letter which stated that the redevelopment would “provide a safe and segregated area for mental health service users requiring assessment” and with best practice in patient safety and care.

2. NHS Lambeth supports the conclusions of discussion at Lambeth & Southwark Partnership Board. The full minutes of the discussion are attached (Attachment 1) and below is the summary of key outcomes from the meeting.

i) The Partnership Board supported the idea of people with mental health illness and other population groups (such as people with learning disabilities) having the opportunity of being “walked through” the reception, triage, overall management process within A&E, in order to further inform the design, Kings to provide further details of these exercises;

ii) The Partnership Board wished to receive a copy of the Equalities Impact assessment of the redesign and associated staffing / service delivery arrangements and given an opportunity for comment and feedback;

iii) The Partnership Board requested details of Kings proposed staffing levels and operational working protocols supporting the new A&E environment including arrangements for managing people with mental illness and other vulnerable population groups;

iv) The Partnership Board expressed overall support for the “meet and greet” model of supporting people when they arrive at A&E and throughout the process; and

v) The Partnership Board requested King’s to provide a performance framework including key performance targets and outcomes/success criteria to enable effective evaluation of the redesign of the new A&E.

vi) The Partnership Board requested an update of the SLAM crisis service implementation plan and that crisis cards be updated.

vii) It was agreed that the notes of the meeting will be fed into the consultation process.
We would like to extend our thanks to A&E management and staff for their facilitation of visits to the Department and time and effort put into this consultation. We look forward to continuing to work with King’s on this exciting development.

Kevin Barton  
**Chief Executive**  
**NHS Lambeth**

cc Board members, Management Team
NOTES OF MEETING TO DISCUSS KING’S A&E REDESIGN

Present:
Helen Charlesworth-May  London Borough of Lambeth
George Marshman       London Borough of Lambeth
Louise Brent           London Borough of Lambeth
Sarah Ives            Southwark PCT
Rosemary Watts        Southwark PCT
Tasmin Hooton         Southwark PCT
Denis O’Rourke         Lambeth PCT
Richard Williams      Lambeth PCT
Sarah Haspel          Lambeth PCT
Sarah Corlett         Lambeth PCT
Jean Spencer          Lambeth PCT
Cllr Helen O’Malley   Lambeth Council
Philip Hands          Lambeth PCT
Patrick Gillespie     SLAM
Paul Calaminus        SLAM
Cha Power             SLAM
Nick Hervey           SLAM/LBL
Bryony Sloper         King’s College Hospital
Alan Bailey           King’s College Hospital
Nicolas Campbell-Watts Southside Partnership
Fiona Sheil           Lambeth Voluntary Action Council
Mary Roberts          Lambeth Mental Health and Disabled People’s Action Group
John Pryor            Service User Representative
Les Elliot            Service User Representative
Janet Buchanan        Service User Representative
Katherine Gilmore     Carer Representative

Apologies:
Susanna Masters  Lambeth PCT
Susan Field       Lambeth PCT
Sarah Thackray    Southwark PCT
Maria Burton      London Borough of Lambeth
Anne Donoghue     SLAM
Helen welcomed the group. Introductions were made and apologies noted. Denis outlined the format of the meeting.

1. MENTAL HEALTH CRISIS SERVICES OVERVIEW
Cha provided an overview of the current mental health crisis service. It is envisaged that out of hours services will continue to be improved. Patrick Gillespie advised that work is underway to promote better integration between the boroughs of Lambeth and Southwark. George Marshman noted that an integrated approach across the boroughs, in particular with out of hours services, such as the emergency duty social work service, could provide better outcomes for clients particularly for those in police custody. This has been highlighted by a recent death in custody. Briony also supported this approach from a King’s College Hospital perspective.

Les Elliot raised concerns that there is confusion over which is the correct emergency telephone number to use in a crisis situation, noting that it used to be the PALS number. He also noted that the crisis cards issued to clients with mental health issues in the past would benefit from being reissued with up to date crisis contact details.

Action:
   i) It was agreed that a re-issue of crisis cards would be of value and Cha Power will follow-up; and
   ii) Slam to circulate a copy of progress on the final Mental Health Crisis Service Implementation Plan.

2. KING’S ACCIDENT AND EMERGENCY PROPOSALS – PRESENTATION
Tasmin provided a presentation on the Consultation on the redevelopment of the Emergency Department at King’s College Hospital NHS Foundation Trust (copy attached). She outlined the background to the redevelopment noting that £6m had been provided by central government toward the improvements to the Emergency department as a result of the closure of the Maudsley Emergency Clinic in 2007. She noted that the improvements are aimed at improving service provision for all clients, including mental health clients. She also noted that they have had to work within the existing building blueprint.

Discussions have been held with over 100 service users and staff to inform the draft proposals. Nicholas asked what proportion of service users were mental health clients – Tasmin advised that more detailed information is available in the full report available on the KCH website. The main themes of the feedback were prioritised as improvements to:

- Reception and triage systems (including more integration between the stages);
- Communication throughout the patient journey;
- The experience of waiting in the Emergency Department;
- Safety and security;
- The environment, space and equipment; and
- More staff.

She noted that of the 350 patients seen each day in the ED, on average 8 are patients with mental health problems with 5 being admitted via ambulance directly into resus or majors. The vast majority of mental health patients attending the ED need treatment for physical as well as mental health symptoms. There was representation for a separate area for the treatment of
mental health patients as well as those who would feel stigmatised by having to use a separate entrance. Briony advised that the draft proposal has not been finalised.

Tamsin tabled a copy of the consultation paper, noting the main changes would be around:

- How patients are received;
- How patients are triaged;
- The reception area would be remodelled to accommodate a ‘meet and greet’ approach which would see patients referred to the right area (in the case of mental health patients to a quiet area to be assessed and hand held through the registration process);
- Greater privacy for patients;
- Separate walk in and ambulance entrances; and
- Clinical decision unit to relocate to 1st floor.

**Questions**
The following questions/comments were raised:

**Will meet and greet staff be appropriately trained to identify and respond appropriately to people with mental health needs?**
Briony advised that patients will be met by a senior clinician such as a senior nurse (with over 10 years experience) who will be supported by a team of more junior staff. Once the patient is initially seen by the practitioner they will be referred to the appropriate area staff, or an auxiliary officer will accompany them to a quieter area where further details can be taken. The availability of a mobile receptionist to take patient details is also being considered. She also noted that a high percentage of patients with mental health issues will also have physical health issues and will be directed to the area which would address the most pressing area of need.

**Have security issues been taken into consideration? Will there be security staff available to supervise patients e.g. patients who leave the ED to smoke?**
Briony advised that security issues have been taken into consideration in the design with a similar model to that operating at St Thomas’ Hospital where a security station is clearly visible at the entrance. It is not envisaged that staff will be available to supervise patients who choose to leave the building.

**Literature needs to be in simple English and made available in other languages**
Briony advised that all signage will be in English with use of colours and pictures to enable the patient journey to be as clear as possible. She noted the request for literature in other languages, noting also that in the last 12 months patients presented with 58 different languages and that the hospital has access to interpreter services when required.

A copy of the patient journey paper was tabled.

**Will there be a lift between the ground floor and the Clinical Decision Unit?**
Briony confirmed that there will be two lifts one is currently in operation and the other is in the process of being upgraded/improved.

**Will the crisis cards be reissued?**
Cha confirmed that the crisis cards would be reissued.
**Action:**
Cha and John Prior to discuss further outside the meeting.

Following on from the above point, Briony noted that currently 70% of patients who present and the ED are not known to services, therefore they would not have crisis cards.

**Will there be a loss of capacity for managing section 136 patients?**
There is no loss of capacity as section 136 clients are located and managed at the Maudsley and Lambeth Hospitals.

Briony advised that the consultation period closes on 10 April and encouraged people to have their say via the tear off section of the consultation document. All of the comments received will be considered and fed into a final proposal.

**Have equality issues been considered in the development of the proposal, for example the needs of older people, people with learning disability, hearing or sight impaired? Has an equality impact assessment (EIA) process been undertaken?**

Briony advised that an EIA will be undertaken at the end of the consultation process and before the final redesign is signed off. There will also be pilot days to which representatives of various stakeholder/population groups will be invited. It was agreed that this should include people with learning disabilities.

**Action:**
The Board requested a copy of the EIA before the final plan is submitted for sign off.

**What is the way forward from here?**
Tasmin advised that once the consultation process has been completed, clinicians, managers, user groups and architects will work together to develop the final design. A user reference group will provide a mechanism for service users to raise issues of concern and to test out protocols.

3. **NEEDS OF MENTAL HEALTH SERVICE USERS**
Denis and Sarah tabled a paper with questions relating to the needs of mental health service users.

The following comments were made:

**Given that initial consultations/triage will take between 1-2 minutes, how will the system work in practical terms?**
Briony reiterated that there will be registration points after the patient has been seen initially and after they have been referred to the appropriate area. The patient will be lead to the area by junior staff or an auxiliary worker. The use of mobile computers is also being investigated.

**Will there be clinical support to patients as they go through the journey ie patients will not get overlooked in a quiet area?**
Briony confirmed that operational staffing arrangements will ensure that the ED is fit for purpose every step of the way beyond consideration of the physical layout of the ED. Staffing sustainability issues will be taken into consideration as part of the process. Staff from the ED at Guys and St Thomas’ Hospital will be invited to provide insight into how they work and any points they feel should be taken into consideration in the final design.
Will there be an evaluation process once the new ED is up and running such as a service user questionnaire to provide observations and comments?
Briony confirmed that a post implementation review is planned.

How will success measures be measured at each stage of the patient journey, including the needs of older people, patients with learning disabilities, hearing and visually impaired people etc?
Briony advised that patient input will be the primary way in which success will be measured including details of length and quality of waiting times. She invited further input on success measures.

Could a system ticketing approach work/add value to the process? With such a model people would know where they were at with numbers shown on a digital display.
This approach was used in the past but caused confusion with patients as they saw people move through the system before them. The initial assessment and referral process will negate the need for such a process.

Given that 70% of patients are not known to services, these would be an excellent group of people to be contacted about their first experience with the ED and the care pathway – “did it work?”
Briony noted this suggestion.

Would patients be allowed an advocate/support person to go through the system with them? Often people are alone and anxious with no one to discuss their situation with them.
Briony reiterated that there will be a team of junior staff and auxiliary support to walk patients through the process.

Will the entrance be free of cars?
The entrance will have an area available for drop off only. There will be no car parking directly outside the front entrance.

Will the physical separation of the Clinical Decision Unit being upstairs will there be additional cost implications in staffing costs?
Briony advised that there will be no increase in costs.

SUMMARY:
Helen summarised the outcomes of the board meeting:

viii) The board supported the idea of people with mental health illness and other population groups (such as people with learning disabilities) having the opportunity of being “walked through” the reception, triage, overall management process within A&E, in order to further inform the design, Kings to provide further details of these exercises;
ix) The board wished to receive a copy of the Equalities Impact assessment of the redesign and associated staffing / service delivery arrangements and given an opportunity for comment and feedback;
x) The board requested details of Kings proposed staffing levels and operational working protocols supporting the new A&E environment including
arrangements for managing people with mental illness and other vulnerable population groups;

xi) The board expressed overall support for the “meet and greet” model of supporting people when they arrive at A&E and throughout the process; and

xii) The board requested King’s to provide a performance framework including key performance targets and outcomes/success criteria to enable effective evaluation of the redesign of the new A&E.

xiii) The board requested an update of the SLAM crisis service implementation plan and that crisis cards be updated.

xiv) It was agreed that the notes of the meeting will be fed into the consultation process.

Helen thanked everyone for their attendance and input.

Meeting closed – 2.00 pm
Overall Design

- It is our belief that the current proposals, whilst maximising the floor space currently allocated to the Emergency Department, will not provide enough clinical or non-clinical space to allow the department to be fit for purpose upon completion of the works given the multiple demands placed upon it.
- The original floor space was allocated in 1996 based on an anticipated maximum annual attendance of 100,000 patients. We have far exceeded this number (2008 attendances were in excess of 122,000) and with bids to become both a trauma and a stroke centre pending combined with a desire to improve urgent care facilities, mental health facilities, and clinical decision unit capacity and increasing pressures in relation to paediatric and adolescent care and increased staffing levels associated with each of these developments, we do not believe the current space allocated will be sufficient even with the creation of a Medical Admissions Unit.
- The space allocated will not allow for increased staffing numbers, increased storage requirements, increased clinical requirements and the aspiration to provide quieter, private space across the department including enclosed waiting areas.
- We do not believe that current plans to place the CDU on the first floor will be viable and would stress that the co-location of staff changing facilities, senior staff offices, staff rest rooms and teaching facilities are fundamental to the successful support structures that exist. We feel that removing any one aspect of these will have a negative effect on the department as a whole and would wish to see additional ground floor space allocated to the clinical department to allow for placement of the CDU whilst retaining the staff facilities on the first floor, co-located with the ED. Increased locker/changing facilities are required that are currently not demonstrated as the staff numbers increase and there is a move towards the use of scrubs in line with our trauma centre status.

Specific Design Components

- We fundamentally agree that the reconfiguration of reception and the introduction of a meet and greet system will radically improve patient experience and journey time within the department but will require additional revenue costs to support increased staffing.
- We fully support the relocation of the ambulatory entrance to Bessemer Road and feel this will greatly improve patient safety and thus experience within the ED.
• The creation of quieter, private areas across the department for patients to receive treatment is fully supported by the ED team and we believe with increased floor space we can improve the provision still further in order to ensure privacy and dignity is maximised, fundamentally improving patient experience.
• Sufficient storage space in the new design will be fundamental for everyday use but also for major incident equipment storage and both will need to be reflected in the floor plan as current capacity is not sufficient.
• Additional rooms to be allocated for ophthalmology and max fax examination and treatment will need to be factored into the design given increased activity and these by definition use significant space.
• We fully support the creation of a larger 8 - 10 bed resuscitation room
• We would like to see re configuration of the ambulance entrance/bay and parking for ambulances and police vehicles
• The major incident control room needs to be re-provided
• The provision of air conditioning across the department needs to be factored into the design as current arrangements are inadequate
• Although adjunctive to this proposal we wish to note that the provision of a helipad in the vicinity of the ED will need to be addressed in order to support increased trauma activity

**Mental Health Pathways**

• We fully support the integrated approach being adopted with regards to the management of those presenting with mental health problems. This is in line with DOH guidance and we believe minimises any potential for stigmatisation, ensures equality of access for all users and will improve the environment, journey time and experience of mental health patients within the department.
• Given that the majority of patients presenting with a mental health problem also present with a physical problem that requires dual assessment and management, we do not feel it would be practical or desirable to create a separate segregated space only accessible to those presenting solely with a mental health problem (approximately 2 per day). Both the physical treatment required and the level of mental health treatment/support/supervision required is hugely variable and could require treatment within any area of the ED and we should be able to provide private, quiet spaces regardless of the area in which the patient is being seen. This segregated model would also not be suitable for paediatric/adolescent patients with mental health problems.
• As we will see an increase in the number of mental health patients accessing CDU beds following the redesign we believe this makes a strong case for additional ground space allocation in order to manage risk appropriately.
• The location of the PLN team on the ground floor has been a huge success and this should be replicated in the plans. We would also advocate the PLN team becoming solely responsible for the management of emergency attendances only as opposed to currently where they are also responsible for ward consults. It is our belief that by dedicating them solely to the ED there will be enhanced capacity within the team and thus better journey times for patients presenting with a mental health problem.

The Emergency Department
Formal Response to the ED Redesign Consultation from the ED and Child Health Liaison Group

Emer Sutherland ED Consultant,
Simon Broughton Paediatrician
Gary Ruiz Paediatrician
Tricia Fitzgerald ED Head of Nursing,
Jackie Spier Child Health Head of Nursing,
Louise Morton Acting Named Nurse for Children's Safeguarding and Matron Ambulatory Care
Kathy Brennan Matron PICU
Liz Watts Acting Team leader/PDN Children's ED

We meet as a group 4-6 weekly to discuss and drive forward plans and clinical pathways to improve multi professional working and care for children attending ED. This consultation has therefore given us the opportunity to ask for a truly better environment for the children who visit us.

The plans in the consultation include the following good points which we agree need to be incorporated:

- A 24/7 separate paediatric reception
- Direct access to x-ray and the rest of the hospital without having to go through an adult clinical area.
- The walk-in entrance for all patients will be moved from Denmark Hill roadside to Bessemer Road. This should avoid the ED being a thoroughfare for visitors and staff.
- The proposed expansion of the Resuscitation room would allow for 2 paediatric cubicles
- The consulting rooms for primary care practitioners in the ED would allow them access to see either adults or children.

As we provide a forward looking department and we want to continue to provide Children's Emergency services on this site we do request the following having studied the plans and discussed them.

We need more space, specifically a larger area overall, than currently offered on the plans with

- At least 2 Paediatric CDU beds with doors. Ideally a 4 bedded unit. There must be integrated showering and toilet facilities. There must also be enough room for parents to sit comfortably with their children.
- At least 8 consulting spaces in the children's trolley area - a mixture of trolley spaces and cubicles.
- A staff base in the trolley area.
- 4 consultation spaces for ambulatory children with minor injuries/illnesses. One of these spaces could be ring fenced for the Ambulatory Paediatrician clinics.
- A treatment room for carrying out potentially stressful procedures away from the child's cubicle such as dressing of burns, and other wounds or blood taking.
- An adolescent room
• A combined office for the liaison health visitor, their admin support worker and the paeds nursing team leader
• A small office for confidential telephone calls or relay of confidential information as is often the case with safeguarding
• A breast feeding room /milk preparation room.
• A play room including storage space for equipment used by the play therapist
• Triage area
• A relatives room / interview room for confidential conversations with carers.

There is much recent evidence to support our views and comments we have included some key points below:

• London has the highest rates of ED attendances and admissions in the country\(^1\).
• Children's attendances at ED are also significantly higher than the rest of the country.\(^2\)
• In London, deaths in the in the first year of life are more common among infants born to mothers born outside England and Wales, a rate of 5.0 per 1000, and as high as 10.9 to mothers born in West Africa.\(^3\)
• In London the routine and manual group have an infant mortality (6.7 per 1000 births), 29% higher than in the general population (5.2 per 1000 live births). This is 22% higher than the rate in England (6.2 and 5.1 per 1000 respectively).\(^4\)
• Alcohol and substance misuse is a significant problem amongst London's young people.\(^5\)
• Inner London young people have the highest rate of diagnosable mental disorders when compared to outer London and other regions of the UK;\(^6\)
• The teenage pregnancy rate in Lambeth is nearly four times that of other areas\(^7\)

All of these risk factors in our population mean that the children whom we assess in the Emergency Department are more likely to require a thorough multidisciplinary review and discussion. They are less likely to be suitable for a rapid turn around and they will require an appropriate environment in which to have a thorough physical, psychological and social assessment. For this reason we require a larger number of consultation spaces for children and young people than would be suggested by mapping of an average UK Emergency Department.

All children's services should meet the standards in the Children's National Service Framework.\(^8\)

**NSF Standard 1**

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1 Final Report of the London Children and Young People’s Pathway Group  May 2008 p 10

2 Ibid p10

3 Ibid p11

4 Ibid p11

5 Ibid p11

6 Ibid p33

7 Ibid p33

8 National Service Framework for Children Young People and Maternity Services. DH, DfES 2004
The health and well-being of all children and young people is promoted and delivered through a co-ordinated programme of action, including prevention and early intervention wherever possible, to ensure long term gain, led by the NHS in partnership with local authorities.

**NSF Standard 5**
All agencies work to prevent children suffering harm and to promote their welfare, provide them with the services they require to address their identified needs and safeguard children who are being or who are likely to be harmed.

**NSF Standard 6**
Children and young people should receive care that is integrated round their needs and the needs of their family. They should be treated with respect and should be given support and information to help them cope with illness or injury, and the treatment needed. They should be encouraged to be active partners in decisions and where possible exercise choice. Care will be provided in an appropriate location and in an environment that is safe and suited to the age and stage of development of the child or young person.

**NSF Standard 7**
All children and young people must have access to primary, secondary and tertiary medical services if and when they need them whether they live close to or remote from a centre of care. Managed clinical networks, both Local Children’s Networks and Specialist Clinical Networks, are a means of ensuring this:

- Any centre providing care for acutely unwell children must meet minimum clinical standards of safety and quality, such as those currently being developed by the RCPCH.


Thank you for this opportunity to comment on the redesign.

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Consultation feedback from Chair of the Southwark LD partnership board:

>>> "Dorey, Chris" <Chris.Dorey@southwark.gov.uk> 09 April 2009 >>>
Dear Nicky,

While the Learning Disabilities Partnership Board has a good grasp of health inequalities experienced by people with learning disabilities and would certainly be able to give you anecdotal examples, the health sub-group would be a better place to get more detailed feedback and to possibly explore how we might be able to assist you as your work develops over time. Please continue to liaise with Jackie on this.

On a linked but separate matter I’m aware that Kings is presently consulting about changes to its A & E Department and that a new 'meet and greet' service will form part of the new service. I think that this will be a positive development for people with learning disabilities attending A&E and is certainly in line with the 'reasonable adjustments' to services recommendation contained in Healthcare for All. The effectiveness of this measure however will be dependent how the nurses that greet pwld are able to communicate and interact with them. This equally applies to the doctors and nurses who will eventually treat them. Training in communicating with pwld is therefore essential.

I won't have time to formally respond to the consultation but I'd be grateful if you would pass this on to the consultation team and perhaps explore with Jackie if this is an area the health subgroup can assist with.

Best Wishes

Chris

Chris Dorey
Learning Disabilities Joint Commissioning Manager
16 April 2009

ED Consultation
Patient and Public Involvement
Kings College Hospital
Corporate Services
Denmark Hill
London SE5 9RS

Dear Sir/Madam

Re: Proposed changes to King’s emergency department

I am writing on behalf of Southwark Mind and Southwark User Council, which represents the views of mental health service users across Southwark, to formally respond to the plans outlined in your consultation document dated January 2009.

I am aware that these views have been fed back verbally firstly at the meeting on 27 February held at Kings College Hospital which I attended, secondly at the March meeting of Southwark User Council which Che Power (GLOM) and Driony Oloper (Kings College Hospital) attended and thirdly at the public meeting held on 31 March at which Briony, Paul Calaminus (SLaM) and Rosemary Watts (Southwark PCT) spoke and which I also attended. These views were also passed on to Rosemary Watts by Southwark Mind members and SUC representatives who attended the discussion groups held last spring to inform your plans. Throughout this consultation process and indeed before the consultation process began, the mental health service users who are members of Southwark Mind or represented by Southwark User Council have been remarkably clear and consistent in outlining their needs for accessing specialist support when in crisis. In fact many users are so weary of repeating themselves about the sort of mental health service crisis provision they require, that many are doubtful there is any point in responding to this current consultation as the local PCTs, SLaM and Kings College Hospital have so consistently ignored their views on these issues in the past. We are all waiting to see if you will take these views on board during this current consultation and implement the necessary changes to your plans in order to provide a service which is accessible and appropriate for mental health users in crisis.

Firstly, it needs to be remembered that our members and local users across Southwark and Lambeth fought a campaign for over four years to prevent the Emergency Clinic at the Maudsley Hospital from closing. This was not because they believed that the EC provided a perfect service, but because it offered the most fundamental characteristics that users require from a crisis service, i.e. open access, twenty four hour, seven days a week specialist service provided by mental health staff in a quiet and discrete environment. Since the closure of the EC, local users have been left without these crucial facilities i.e. Community Mental Health Teams still close their doors at 5pm and over the weekend, mental health Home Treatment Teams can only be accessed via a
professional referral, the Focus Project which was supposed to provide "social model" mental health crisis support can only be accessed via a professional referral. The only self referral option for mental health users experiencing a crisis "out of office hours" is to go to Kings College Hospital emergency department.

We appreciate that your plans acknowledge some of the considerable problems users face when attempting to access mental health crisis care via the emergency department, for example having a nurse meeting and greeting people is an improvement on queuing for half an hour to see a receptionist. However in many other respects the problems facing users experiencing mental health crises remain the same.

Without a separate entrance, users still need to take themselves to a generic reception area which is still hectic and noisy. They will not be greeted by a mental health professional, in fact if the senior nurses meeting and greeting people are already busy meeting and greeting other patients, I assume that they will still have to wait for attention. For someone who is hallucinating, extremely anxious or paranoid, presuming they have managed to get themselves through the front door, any length of wait in a busy, public area can be intolerable.

Although much effort has gone into designing "pathways" through the emergency department which are swifter and more efficient, the reality is that the majority of patients will still spend time waiting for assessment and at different stages of treatment. Mental health users have said time and time again that they want a separate waiting area which is staffed by mental health professionals. We were extremely disappointed in the plans to see a number of small rooms and cubicles dotted about in different areas of the department which would be for generic use. A small room which may or may not be available, stuck in the middle of a busy, generic area is not an adequate substitute for a dedicated space for mental health users. Again for those users whose mental health crisis involves being extremely anxious or paranoid, being left in a small room on their own could increase their distress intolerably. Moreover the only way to keep these users safe if they decide they need to leave a small room or cubicle seems to be to either lock them in or have security guards watching over them. Not a satisfactory substitute for waiting in a comfortable, quiet collective space with fellow users and mental health staff who are easily accessible ie working in an adjacent office. This is very different to leaving users alone, possibly feeling anxious, isolated and confused, waiting for someone to come back to their room or cubicle.

We have been told that an average of about 8 mental health users access Kings every day and that the vast majority of them also have physical health needs which means that a separate mental health reception and waiting area would be impractical. We are extremely surprised that the number of mental health users in crisis going to Kings has declined so considerably over the last year or so. I refer you to the "Minutes of the Crisis Services Implementation Group Meeting" held on 18 December 2007 which includes the following "Service user reps noted that they did not believe that A&E departments are equipped to deal with more than a handful of mental health service users a day. SLaM rep noted that KCH currently deal with 12-18 people per day and that the PLN team was one of the best in the country and could cope with the demand".
As we would have logically expected the numbers going to the emergency department to increase rather than decrease with the closure of the Emergency Clinic, this begs the question, where are mental health users in crisis going now? If the majority of mental health users then were also presenting with physical needs there would be even more reason to expect that this figure would have at least remained constant. We have received no anecdotal or statistical feedback to indicate that users are instead accessing the CMHTs when in crisis, in fact out of office hours as I mentioned earlier, this simply isn’t an option. The likely explanation therefore is that local users are suffering without being able to access the help they would once have received at the Emergency Clinic and possibly that those who were going to Kings in 2007 had such negative experiences that neither they or their peers have returned.

It is also true to say that children who come to the emergency department need to access different areas of the department to get their physical needs met, but this has not prevented the recognition in the plans, that children require their own reception and waiting area. The need for children’s’ privacy and dignity has been respected so much that the corridors have been redesigned so they do not need to directly pass through and adult section of the department on their way for x-rays or blood tests. Of course this is absolutely as it should be, but it begs the question why the needs of one vulnerable section of the community can be catered for in this way, but not those of mental health users who are also asking for a separate reception and waiting area (but not the redesigned corridors!)

We can only conclude that throughout the process of drafting these plans, the statutory agencies involved maintained an attitude of “Doctor knows best” when it comes to mental health users in crisis. Despite the lip service paid to user involvement, we have been repeatedly been told by clinicians, commissioners and managers that using generic provision at Kings emergency department is a safe and appropriate way for us to access specialist mental health crisis care. We have been told that providing a separate mental health area would be “stigmatizing”. As people with direct experience of mental health crisis and facing considerable prejudice due to our mental health needs, we strongly object to being told that the safest and most appropriate way for us to access help when we most urgently need it, is stigmatizing. If this is the case, why have separate NHS facilities for mental health needs at all? We would argue that being stared at by members of the general public because we “look funny” or are talking to our voices or crying out with the pain of our distress is far more stigmatizing and very unsafe. This is not an argument about stigma, it is an argument about access and how we as people with mental health needs can access services in crisis. If reasonable adjustments are made in the name of access for wheelchair users, why are they not being made for mental health users?

So while we wait hopefully for our views to be taken on board and for revised plans to be produced which include a separate entrance leading to a separate reception/waiting area for mental health users with mental health staff on site, there are many of us who fear yet more excuses for why this is not a viable or desirable course of action. Surely in a truly “patient-led” NHS it is not the job of managers or clinicians to tell patients what they need, but to deliver services which meet the needs defined by their patients? If
more revenue funding is needed to adequately staff such a facility then local NHS providers and commissioners need to be explicit about such requirements.

It has long seemed remarkable to us at Southwark Mind that the entire local community of Southwark and Lambeth including all our local councillors and our local MPs were able to understand users’ arguments against closing the Emergency Clinic. Indeed the Secretary of State Patricia Hewitt wrote to the Joint Overview and Scrutiny Committee of Lambeth and Southwark Councils in Jan 2007 stating that the Emergency Clinic could close in the light of “a specific proposal to strengthen local A&E service” which involved the “creation of a designated space at King’s College Hospital, adjacent to A&E, which will provide a safe and segregated area for mental health service users”. I hope that you will note the particular language that she used, she did not say the creation of spaces throughout the A&E department but a designated space, adjacent to A&E, for mental health users – plural. This was confirmed in parliament by Rosie Winterton in Feb 2007 who also announced that “NHS London has agreed to provide capital funding of £6million to enable the proposed changes to be put in place”. I apologise for being pedantic but as the only people who seem unclear as to the Secretary of State’s meaning seem to be those who drafted your plans. I do believe that it is a point well worth stressing.

I look forward to receiving the report of the responses you receive as part of this consultation. I do hope that the feedback will be collated and reported back as transparently as possible, certainly Southwark Mind would be happy for this response to be published in a public forum such as the Internet.

With best wishes

Yours faithfully

Teresa Priest
Co-ordinator
Southwark Mind
Dear Colleague

LMH’s views on the consultation for the re-vamp of the ED at Kings

From the consultation which I personally attended at the Surgery in Lambeth and having studied the various pros and cons of the 6 million pound scheme to revamp the ED at Kings we now state the following. These group view are late – please take into account.

1. It emerged that Kings considered there would be less stigma if mentally ill patients were distributed evenly round the various rooms and cubicles where patients, including the mentally ill were waiting to be seen.

2. After some consideration we consider there would be more stigma, not less as those physically ill patients would complain the mentally ill were disturbing them when they were in pain. The mentally ill patients might be very confused they’d been taken to the wrong part of the ED and this would cause anxiety leading to some disturbance. We have to bear in mind that most physically ill patients would just want some quiet.

3. The question of the lack of sufficient security guards to ensure patients with mental illness did not leave before they were seen came into question and we were informed that apart from there not being enough guards to accompany m/h patients wanting to smoke, guards did not have any mental health training. How long would it be before a patient walked before being examined and may hurt themselves?

4. Although the meet and greet system sounds nice many things could go wrong and mentally ill patients might walk from the areas they are taken to, whereas before reception staff could keep an eye on a mentally ill patient who might be suicidal. If there were a separate waiting area for the mentally ill where they could also be seen by nursing staff the chances of a patient walking before examination would be minimized and patients would be safer.

5. In conclusion our overall view is that the mentally ill do need their own waiting and assessment and treatment area away from the rest.
Comments and feedback from Dr A. Virji and Dr A. Rogers, Joint chairs of South Southwark Practice Based Commissioning Consortium. This Group represents the GP practices in Peckham, Camberwell and Dulwich.

RE: Proposed changes to King’s Accident and Emergency Department Consultation Document.

Introduction
We are writing in response to your consultation document which sets out the proposed changes to the accident and emergency department at King’s College Hospital.

This consortium consists of the 26 GP Practices across Camberwell, Peckham and Dulwich however we also have the support of other GP, Practice Based Commissioning consortia in North Southwark.

Many of the proposals are well thought through and will help ensure the provision of improved services for patients, particularly the extension of departments into separate areas for resuscitation, paediatrics, and the clinical decision unit. Providing a number of waiting spaces spread throughout the department seems a sensible way to reduce the pressures previously associated with the queues and waiting areas in A and E.

The South Southwark Practice Based Consortium View
We are writing to express our views on and concerns about the proposals for the “Meet and Greet” function and the organisation of treatment of patients with primary care needs, within a busy emergency department.

Your document clearly sets out the direction of travel of A and E care in London with the likely development of King’s being a receiving centre for major trauma patients from a much wider area.

It is the view of the GPs in the Consortium that patients who present with minor ailments and those with Primary Care needs should be treated by a Primary care led service.

Indeed the data sets received from KCH last year showed that the presenting reasons for attendances at A and E were for minor trauma and dressing type consultations, all of which are clearly treatable by GPs clinicians and Practice nurses.
This would mean the A and E department at King’s would be able to focus on Emergency care and Trauma.

The South Southwark Consortium has undertaken a survey of And E patient attendance in January 2009.

It has identified that over 400 patients who presented at King’s A and E between 8 am and 8pm could have been treated effectively by Primary care.

A recent survey of And E Attendances in the North of Southwark also demonstrated very similar patterns i.e. 25% of patients who presented could have been treated by Primary care.

It also identified that 62% of children under the age of 5 who came to A and E were suitable for treatment by Primary care.

We have no doubt that the Trust’s own figures and analysis of patient attendances will support these findings.

Previous attempts to engage K.C.H to adopt a Primary care led approach have not proved successful and yet there is now a widely accepted body of evidence that the medical needs of many of the patients who come through the doors of And E at King’s can best be met by General Practice Doctors and nurses.

**Next Steps**

If there is concordance between the Trust and local GPs on the issue of Primary Care appropriate patient attendance at King’s A and E we feel it should be our joint responsibility to develop real changes in the pathway of patient care.

As a consortium of the local GPs we have the experience and knowledge of our patients needs. We are working with Southwark PCT currently to increase access arrangements in local surgeries and polyclinics, by having longer opening hours, and a range of flexible services, including open access clinics for registered and unregistered patients.

We know patients want ease of access to a trained GP or nurse practitioner. Our consortium of GPs can provide a high quality, safe, efficient and cost effective service for our local population and we consider the delivery of urgent and unscheduled care services should be led by and closely linked with local general practice provision.
Health care for London in its recent publication “Commissioning a new delivery model for unscheduled care in London” clearly advocates a Primary Care led model. It states:

- “Greater integration and consistency is needed to bring Primary and secondary and social care process and working arrangements closer together,”

- “Urgent care centres will have strong links with community and primary care services to ensure they secure the complete care package for those who need it”

- “New ways of working will avoid hospital admissions where effective links with community care professionals and services can provide a better alternative.”

This is the approach that we consider most appropriate for the delivery of primary care led unscheduled care service in Southwark.

**Conclusion**

The redesign for the “Meet and Greet” function at King’s College Hospital offers a unique opportunity to shift patient pathways of care and adopt a real primary care approach within the A and E department.

The existing proposal in our view will neither be sustainable in the changing field of emergency care in London, nor does it address the developing role of Practice based commissioning and the importance of General Practice in helping to deliver timely and effective primary care to patients in urgent care settings and in local surgeries and clinics.

The Trust should in our view be working in partnership with the GPs in the South Southwark Practice Based Commissioning group to ensure the best delivery of patient care in the most appropriate setting.

We propose an early meeting with the Trust and Southwark PCT to discuss our proposals for the future development a Primary care led service at King’s College Hospital.

Dr. A. Rogers and Dr. A. Virji
Hi Jessica,

I have just received a copy of the consultation for Kings A&E, from June and have read the contents.

The plans look very much structured and will be beneficial for service users, as you remember myself and Sharon attended a couple of your initial meetings and emphasised that the nature of Domestic Violence support was an area that should be taken into consideration as part of the A&E support service for women and children being affected by domestic violence.

A good number of service users affected by DV attend A&E for this reason due to injury and emotional stress, we have realised that a lot of service users who wish to access DV support do suffer dual diagnosis which could be Domestic Violence/Mental Health, or Domestic Violence/Misuse Substances, leading to traumatic situations and ending up at A&E, these service users are more receptive to engage with DV support if it is offered there and then with experience DV support workers, as we advised initially.

I notice in the proposed consultation that a unit for Clinical Decisions Unit will be provided with a number of side rooms, could not one of these be used to risk assess and plan support for service users who may be suffering DV.

1. What will be offered to service users who are identified to be suffering DV or disclose that they are suffering DV?
2. Please could you inform of what are the plans for a DV service in the area of the new designed A&E.

Thanks for your response in advance.

Carole Macauley
Domestic Violence Support Worker

Lambeth Women’s Aid
0208 678 7666 (Main Office)
0208 678 9311 (Fax)
0208 678 6233 (Women's Outreach)
0208 674 8800 (Children's Outreach)
info@lambethwomensaid.org.uk
ED Response by phone – 19 April

Mental health service user

I’m calling about the re-design of King’s College Hospital ED. Just like to say that I think that, having supported mental health support facilities 24 hour a day is very important, particularly people you can see face to face. I have had a lot of mental health problems in the past, to be honest I am just about kicking through it but at the same time, if something went wrong it would be wonderful – it would be great to know that there would be somebody just around the corner where I could just go and somewhere I could be safe. Thank you.
Hi KCH

I think that the whole discussion process w.r.t the remodelled A&E department, where the proposals to me appear to have been carefully thought through, is being hi-jacked and polarised by a lobby claiming to represent mental health patients (I am not convinced that they do), because somewhere in the past a "commitment" had been made to give them a separate entrance.

As a one time out patient at The Maudsley, who has not been consulted by this group, I wish to state that I think that the separate entrance is a bad idea, and that the proposed layout as put forward by Kings is a much better idea. My thinking is detailed below.

Kind Regards

One entrance or two?

I think the proposed single entrance solution at KCH A&E is actually better than the original two entrance "promised" proposal. If two were promised I don't think it had been thought through. And whilst I can fully understand that when MH patients as a whole feel that they are being let down by having a facility at the Maudsley that they are familiar with, closed down against their wishes, and so view it as just another indication of the low priority given to MH issues, it is all too easy to want to demand this concession of a separate entrance. But is it wise? Is it REALLY in the best interest of MH patients?

It certainly doesn't strike me as being so, and I speak as a previous out-patient of the Maudsley when suffering from depression a decade or two ago, that a separate entrance is in anyway "better" than a shared entrance.

Quite the contrary, the last thing I wanted when I was a patient at the Maudsley, was to be seen going to the Maudsley by someone who might know me. Nor would I want now in a similar circumstance, to be seen going through a separate door which put an immediate label on me, even though attitudes to mental health have improved (a little).

Much better go in through the common door and then turn right (I think it is) to go to the appropriate unit if I had a prior appointment.

The principal concern expressed, as I recall it, is that MH patients and non-MH patients would share a common waiting room at the triage stage, which neither would consider desirable.
But the solution to that, on first referral is triage within a couple of minutes, so that one is almost immediately directed to the appropriate area, MH or non-MH treatment area, as the case may be.

Thus the time spent in the triage waiting room is minimal, and in the company of no other, or minimal other, patients, except possibly at unexpected peak times. It should be possible to staff adequately for normal peaks.

As it happens the service being offered by KCH is

“Patients with mental health needs, as with all our patients entering through the main entrance, will be met at the front door by a senior nurse who will make sure that they are seen by the right people as quickly as possible”

In other words instant triage. What more can anyone ask for? MH or non MH patient.

And rapid triage is far more likely to actually be achieved if the triage reception is adequately staffed, which in turn is much more likely to occur if there is only one triage point to staff rather than two.

Remember, that anyone who already has an appointment will be walking straight through the single entrance, bypassing triage, then turning left or right as appropriate.

So to me the one entrance proposal makes very good sense both from the patient’s point of view, and from the hospital’s point of view, in providing best practice service.