



## DEBATE PACK

Number CDP 2016/0073 , 23 March 2016

# NHS in London

## Summary

MPs will debate the NHS in London on Thursday 24 March in Westminster Hall. This debate was scheduled by the Backbench Business Committee following a bid from Dr Rupa Huq.

Watch Parliament TV: [Westminster Hall debate on the NHS in London](#)

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The House of Commons Library prepares a briefing in hard copy and/or online for most non-legislative debates in the Chamber and Westminster Hall other than half-hour debates. Debate Packs are produced quickly after the announcement of parliamentary business. They are intended to provide a summary or overview of the issue being debated and identify relevant briefings and useful documents, including press and parliamentary material. More detailed briefing can be prepared for Members on request to the Library.

# 1. Summary

London faces a number of health challenges including high rates of child poverty and an obesity rate that is higher than any other region of England; London's leading causes of premature death are predominantly as a result of lifestyle factors. Mental illness and homelessness are also more prominent than elsewhere.

The *State of London's Health* published in October 2015 (see Appendix to [Better Health for London: One Year On](#), October 2015) sets out some of London's current challenges: London is growing at a faster rate than any other region in England, with the population expected to increase to 10.1 million by 2041. London also has a transient population with 37 per cent of England's short-term residents. This affects primary care as London GPs experience a 20 to 40 per cent turnover in their patient lists each year. London has wide inequalities in healthy life expectancy between and within London boroughs. Nearly 25 per cent of all Londoners are under 25 and these younger citizens need particular investment in 'upstream' prevention to avoid or delay ill health and disability later in life. But London also has a growing number of older people. By 2031, there will be a 40 per cent increase in over 80 year olds – the biggest users of health and care services.

The organisation of health services has also undergone major changes in recent years. Service reconfigurations have taken place or are in progress across London. These reconfigurations have included a reduction in the number of hospitals providing accident and emergency (A&E) services, acute medical, surgical and paediatric care, and obstetric-led maternity services, and the concentration of specialist services and surgery. While hospital reconfigurations are always politically controversial proposed service changes in North West London (*Shaping a Healthier Future*) and South East London have met with particularly strong opposition, including from local councils.

With the abolition of the London Strategic Health Authority and Primary Care Trusts in April 2013, NHS England's London Regional Team delivers its commissioning responsibilities for specialist health services and primary care. London's 32 Clinical Commissioning Groups are responsible for commissioning the majority of the capital's healthcare, and have a combined annual budget of over £10 billion. In terms of NHS providers in London there are 16 acute NHS trusts, three mental health trusts, two community trusts, 18 NHS foundation trusts and a single London Ambulance Service.

London's 33 local authorities are responsible for commissioning public health and social care services and work jointly with partners including CCGs, Public Health England, and the Mayor of London to take measures to improve the health of Londoners.

In September 2013, the Mayor of London launched a London Health Commission. Chaired by Professor Lord Ara Darzi, the Commission lasted a year and gathered evidence from the public, community groups and the private sector, and across the NHS and local government in the

capital. (Further information can be found on [London Health Commission website](#) and in [London Councils' evidence to the Commission](#)).

In October 2014, Lord Darzi published his report [Better Health for London](#). It sets out a series of aspirations and recommendations to a range of organisations across London and nationally to improve the health of Londoners and the quality of health and care services in the capital, as well as increasing the economic contribution of health and life sciences.

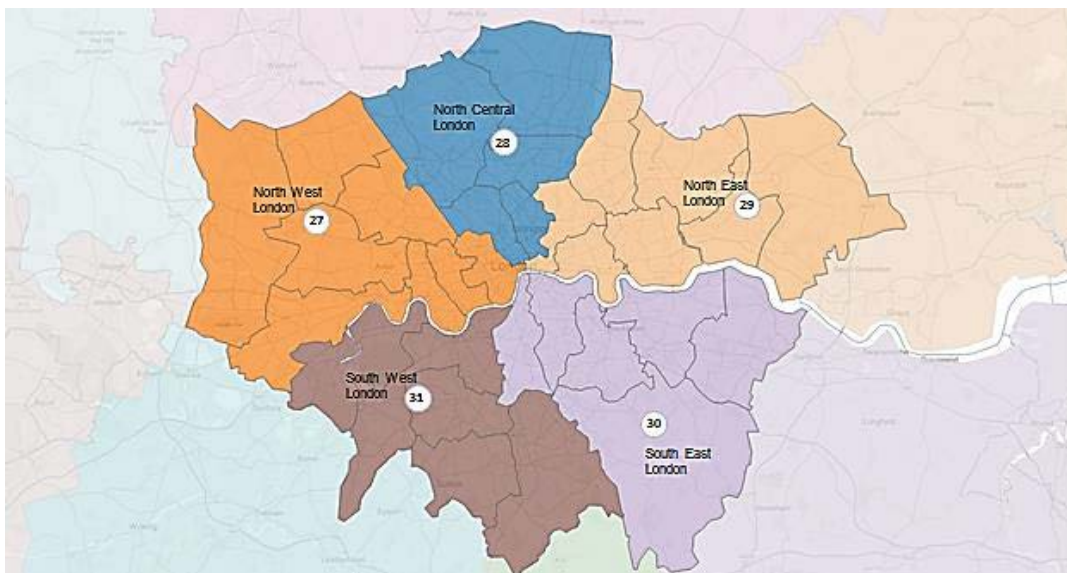
In March 2015, the Mayor of London, London Councils, NHS England (London), London's CCGs and Public Health England (London) published the [Better Health for London - Next Steps Plan](#). In this report the partners in what are known as the London Health Board jointly committed to 10 aspirations to improve health and wellbeing in London, aiming to make London “the healthiest global city”:

<b>London's 10 aspirations</b>	<b>2020 ambition</b>
<b>Give all London's children a healthy, happy start to life</b>	Ensure that all children are school-ready by age 5  Achieve a 10% reduction in the proportion of children obese by Year 6 and reverse the trend in those who are overweight
<b>Get London fitter with better food, more exercise and healthier living</b>	Help all Londoners to be active and eat healthily, with 70% of Londoners achieving recommended activity levels
<b>Make work a healthy place to be in London</b>	Gain a million working days in London through an improvement in health and a reduction in sickness absence
<b>Help Londoners to kick unhealthy habits</b>	Reduce smoking rates in adults to 13% - in line with the lowest major global city and reduce the impact of other unhealthy habits
<b>Care for the most mentally ill in London so they live longer, healthier lives</b>	Reduce the gap in life expectancy between adults with severe and enduring mental illness and the rest of the population by 5%
<b>Enable Londoners to do more to look after themselves</b>	Increase the proportion of people who feel supported to manage their long-term condition to the top quartile nationally
<b>Ensure that every Londoner is able to see a GP when they need to and at a time that suits them</b>	Transform general practice in London so Londoners have access to their GP teams 8am-8pm, and primary care is delivered in modern purpose-built/designed facilities
<b>Create the best health and care services of any world city, throughout London and on every day</b>	Work towards having the lowest death rates for the top three killers  Close the gap in care between those admitted to hospital on weekdays and at weekends
<b>Fully engage and involve Londoners in the future health of their city</b>	Achieve 10 basis point improvements in polling data on how organisations that deliver health or health-related services engage Londoners in service design
<b>Put London at the centre of the global revolution in digital health</b>	Create 50,000 new jobs in the digital health sector and ensure that innovations help Londoners to stay healthy and manage their conditions

Another report in March 2015, from London's 32 CCGs and NHS England (London) set out their plans to make London the world's healthiest global city. In a joint report, [Transforming London's Health and Care Together](#), they launched 13 "transformation programmes" to improve healthcare in the capital. The programmes include the development of a new way of working for GPs (further information can be found in [Transforming Primary Care in London: a Strategic Commissioning Framework](#), March 2015)

In October 2015 the London Health Board partners published [Better Health for London: One Year On](#) , which set out progress on London's blueprint towards becoming a healthier city. To support this, London Health Board partners are seeking devolution from government and national bodies. On the 15 December 2015 the Chancellor signed a [health devolution agreement](#) with the London partners that set out shared objectives and principles, as well as a programme of work, to support the transformation of health and care in London.

NHS England has asked local health and care systems to set out steps for developing multi-year Sustainability and Transformation Plans (STPs). STPs are intended to show how local services will develop and become sustainable over the next five years. The STP involves the health and care organisations within local areas working together to address gaps in the quality of care, their population's health and wellbeing, and in NHS finances. Ultimately this is part of delivering the Five Year Forward View for the NHS in England (a [letter](#) from NHS England, dated 16 February 2016, provides further background). In March 2016 NHS England published details of the STP "footprints", including the following five STP groupings in London:



Source: [NHS England, Sustainability and Transformation Plan footprints, March 2016](#)

## 2. Statistics

### A&E waiting times for hospitals in the London area

The table below shows the percentage of patients waiting over 4 hours in A&E.

#### Accident and emergency time series for London: Patients waiting over 4 hours in A&E

As at Q3:	Type 1 Departments - Major A&E			All A&E Departments		
	Attendances	Number waiting over 4 hours	% waiting over 4 hours	Attendances	Number waiting over 4 hours	% waiting over 4 hours
2009/10	700,468	20,158	2.9%	1,005,992	20,420	2.0%
2010/11	710,953	36,898	5.2%	1,081,500	37,961	3.5%
2011/12	686,155	40,067	5.8%	1,108,179	40,802	3.7%
2012/13	685,353	42,472	6.2%	1,118,219	43,373	3.9%
2013/14	670,181	51,335	7.7%	1,104,947	52,245	4.7%
2014/15	698,013	85,979	12.3%	1,159,048	88,724	7.7%
2015/16	717,180	92,898	13.0%	1,183,310	96,643	8.2%

<https://www.england.nhs.uk/statistics/statistical-work-areas/ae-waiting-times-and-activity/>

## Referral to treatment times

The following table shows the percentage of patients seen within 18 weeks of GP referral for admitted care (those taken into hospital) and non-admitted care (e.g. treated through outpatient appointments).

### Percentage of patients treated within 18 weeks of GP referral

	Admitted		Non admitted	
	London	England	London	England
Jan-09	90.7%	89.5%	97.4%	97.3%
Jan-10	93.8%	92.6%	98.1%	97.7%
Jan-11	90.9%	90.7%	97.6%	97.3%
Jan-12	91.4%	94.6%	97.5%	97.1%
Jan-13	91.8%	92.6%	97.9%	97.5%
Jan-14	88.1%	90.4%	96.1%	96.3%
Jan-15	88.6%	88.7%	95.3%	95.0%
Jan-16	76.0%	81.0%	93.0%	92.5%

[Source: NHS England RTT data series](#)

## Cancer waits

The table below shows percentage of people seen by a specialist within 2 weeks of a GP referral for suspected cancer.

### Percentage of patients seen by a cancer specialist within 2 weeks of GP referral

As at Q3:	London	England
2011/12	96.4%	96.2%
2012/13	95.5%	95.8%
2013/14	94.9%	95.6%
2014/15	95.4%	94.7%
2015/16	94.4%	94.8%

[Source: NHS England Cancer Waiting Times data](#)

## 3. Press articles

**Health Service Journal (HSJ), 17 March, 2016**

[London trust's A&E performance plummets to worst in England](#)

**HSJ, 3 March 2016**

[London Eye: Two very different trusts, united by failure](#)

What is going on in England's biggest health economy

**HSJ, 23 February, 2016**

[London: Best and worst staff survey performers](#)

Analysis of the best and worst performers in the London region on key measures in the NHS staff survey 2015.

**The Guardian, February 7 2016**

[London hospital trust heading for biggest overspend in NHS history;](#)

Health minister reveals Barts set to run up £134.9m deficit, as NHS sources say trusts cannot balance books due to poor funding

**BBC News, 7 January 2016**

[More than 10,000 nursing posts unfilled in London](#)

**Independent, December 15, 2015**

[NHS devolution: London councils to be given extensive new healthcare powers](#)

Jeremy Hunt says five London pilots will be 'trailblazers' for Government's ambition to 'integrate' NHS services

**Independent, November 27 2015**

[London Ambulance Service to be placed in special measures;](#)

Inspectors found a culture of bullying and poor ambulance response times at the trust, which is the biggest in the UK

**The Guardian, November 18 2015**

[Mental health needs urgent extra funding to avert crisis, say trust chief executives;](#)

Ahead of the spending review, 10 London mental health trusts warn against raiding their budgets to plug funding shortfalls in acute hospitals

**The Guardian, November 8 2015**

[NHS facing financial collapse without more cash, warns London trust chief;](#)

Chair of south-west London trust says hospitals will be unable to pay staff next year unless Jeremy Hunt doubles annual funding rise to £4bn

*Full text of these articles may be obtained from the Library.*

## 4. Press releases

### London Assembly

#### Are healthcare workers sick of London?

02 February 2016

Is the high cost of living in London driving the health workforce away and what does this mean for patient care? Are there too many demands on over-stretched services?

London's health services spend more on agency staff than anywhere else in the country[2]. But there are thousands of vacant posts for nurses and paramedics across the city[3]. As patient demand continues to grow, there are questions about how well London's health workforce can cope with current and future demand.

The **London Assembly Health Committee** will **tomorrow** discuss the challenges of recruiting and retaining London's doctors, nurses, and paramedics - and ask what the Mayor can do to make sure London attracts and keeps hold of the healthcare staff it needs.

The following guests will be questioned:

- **Prof. Maureen Baker CBE, DM, FRCGP**, Chair, Royal College of GPs
- **Sue Tarr**, Operational Manager, North Central Sector, North East Sector (covering London area), Royal College of Nursing
- **Cynthia Davis**, Council Member & Chair, London Board, Royal College of Nursing
- **Dr Fiona Moore MBE**, Chief Executive, London Ambulance Service
- **Danny Mortimer**, Chief Executive, NHS Employers

The meeting will take place on **Wednesday, 3 February at 10:00am in Committee Room 3 at City Hall** (The Queen's Walk, London SE1).

**Media and members of the public are invited to attend.** The meeting can also be viewed via [webcast](#).

Notes to editors

1. [Full agenda papers](#).
2. Monitor: [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/429778/BM1552\\_Performance\\_of\\_the\\_NHSFT\\_sector\\_Q4\\_201415.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/429778/BM1552_Performance_of_the_NHSFT_sector_Q4_201415.pdf)
3. More than 10,000 nursing posts unfilled in London, BBC News, January 2016.
4. Caring for the Capital: Nursing and the RCN in London, June 2015.
5. **Dr Onkar Sahota AM**, Chair of the Health Committee is available for interview. See contact details below.
6. [London Assembly Health Committee](#).



7. As well as investigating issues that matter to Londoners, the London Assembly acts as a check and a balance on the Mayor.

## HM Treasury, Department of Health

### London deal paves way to transform health care across the capital

15 December 2015

#### **Agreement signed at Great Ormond Street Hospital today will begin with five devolution pilots across London.**

Ground-breaking plans that will set in motion the radical transformation of health and social care services across London were revealed today (Tuesday 15 December 2015) by Chancellor of the Exchequer George Osborne and Health Secretary Jeremy Hunt.

Outlining the first steps towards reshaping healthcare across London, the Chancellor signed a [health devolution agreement](#) with the capital's health and civic leaders which will allow it to begin the process of taking control of its own affairs.

The agreement, signed today at Great Ormond Street Hospital, will begin with five devolution pilots to be launched across London focused on different topics:

- Haringey will run a prevention pilot exploring the use of flexibilities in existing planning and licensing powers to develop new approaches to public health issues
- Barking & Dagenham, Havering and Redbridge will run a pilot to develop an Accountable Care Organisation, where primary and secondary care are more closely integrated and patient pathways are redesigned with a focus on intervening early and managing the chronically ill
- North Central London (Barnet, Camden, Enfield, Haringey, Islington) will run an estates pilot to test new approaches to collaboration on asset use
- Lewisham will run a pilot seeking to integrate physical and mental health services alongside social care
- Hackney will run a health and social care integration pilot, aiming for full integration of health and social care budgets and joint provision of services. This will also have a particular focus on prevention

The Chancellor and Health Secretary Jeremy Hunt signed the agreement with "London Partners" including all of London's Clinical Commissioning Groups (CCGs), local authorities (LAs), the Greater London Authority and national bodies including NHS England, Health Education England, NHS Improvement and Public Health England.

Chancellor of the Exchequer George Osborne said:

Today's agreement is another crucial step in our devolution revolution and is the start of us handing over valuable healthcare power to local leaders in London.

This deal means that not only will the people of London have more control over decisions that affect their lives, it will also lead to better, more joined up health care in the capital for Londoners.

The agreement's intention is to pilot new ways of working across London's large and complex health economy with the longer term aim for further devolution of London's healthcare out of Whitehall and into the hands of local leaders. The agreement aims to radically reshape healthcare provision across the city, in line with the aspirations of the [NHS Five Year Forward View](#) while addressing inequalities in health outcomes.

As part of the overall agreement London Partners have agreed to look at the vast NHS estate in London and increase incentives for trusts to make better use of property. It has also committed to looking at how flexibilities in existing planning and licensing powers could contribute to public health goals and will be given input on government decisions about relief funding for struggling healthcare providers in London.

While on the visit, the Chancellor and Health Secretary announced a new £800 million boost to biomedical research through the National Institute for Health Research (NIHR). The new funding, which will be provided over five years from April 2017 when the competition has concluded, will be allocated across the full spectrum of health research including dementia, genomics, cardiovascular, asthma, cancer, nutrition and obesity.

It follows a similar scheme launched by the Prime Minister in 2011, which saw institutions including Great Ormond Street benefit. The Great Ormond Street Hospital NIHR Biomedical Research Centre is currently the only one of its kind specialising in paediatrics.

Health Secretary Jeremy Hunt said:

There is a huge amount of good practice and innovation in London health and care services – this exciting new deal will help improve services even further for Londoners.

The pilot areas we have announced today will be trailblazers as we move towards a fully integrated health and care service by 2020.

By empowering more places in the capital to make the best decisions for themselves we will improve patient experience, and help keep people well for longer.

Mayor of London Boris Johnson said:

As we've shown through transport, policing and planning, devolution is already working in London and this agreement paves the way for a revolution in how health and social care are delivered across the capital.

With our city's population continuing to grow, it is essential that we have a health service better equipped to manage its own resources so that it can become even more responsive to the needs of Londoners.

Simon Stevens, NHS England Chief Executive said:

In London's NHS we've got some of the best health services anywhere on the planet - but also some of the most pressurised.

London is the world's most dynamic and diverse city – Why shouldn't it be the healthiest?

Today the NHS and London local government commit to testing better prevention for our children's health, to new ways of joining up care for older people, and to shared action to free up unused buildings and land to reinvest in the modern primary care that our fast growing city clearly needs.

Mayor Jules Pipe, Chair of London Councils says:

This agreement promises to be the beginning of a real partnership between all public services concerned with the health of Londoners.

It marks the culmination of much hard work between the boroughs, local clinicians in the CCGs, the NHS, Public Health England and the GLA.

Through greater integration of our services we intend to deliver better outcomes for Londoners to support them in living healthier, independent lives.

This agreement provides a strong joint framework for us to deliver that agenda together.

Duncan Selbie, Chief Executive of Public Health England, said:

There is a clear vision for how Londoners can lead long, healthy and fulfilling lives and this agreement will accelerate the pace of change in London's boroughs.

Where we live is often the biggest determinant of our health and devolution offers a new opportunity to embed prevention at the core of everything we do so that we close gaps in life expectancy and years lived in good health between those with the most and the least in our society.

This is a chance for local health leadership to shape the physical environment to encourage healthy decisions, and break the cycle of inequality, poor health and unemployment.

## London Councils

### Better Health for London

#### A shared agenda to improve health in London

##### **One Year On**

The Mayor of London, London Councils, London's CCGs, NHS England (London) and Public Health England (London) have published [Better Health for London: One Year On](#). This report reflects progress by partners in local government and the NHS, individually and through increased collaboration, towards the 10 aspirations agreed in *Better Health for London: Next Steps Plan*.

The report was launched at a joint conference on 21 October 2015, in which the Mayor of London, Councillor Teresa O'Neill and representatives of boroughs, NHS bodies and wider partners from across London reinforced their commitment to make progress on improving health and wellbeing outcomes for Londoners. You can see films of the key speakers on [YouTube](#).

The London partners committed to build on progress to date and further strengthen collaboration to help everyone live healthier lives.

Recognising the complexity of health and care systems in London, this will involve action at local borough/CCG levels, in sub-regional groupings and on a cross-London basis.

To support this, London partners are seeking devolution from government and national bodies to unlock barriers and accelerate improvement.

Simon Stevens, the chief executive of NHS England, committed to working with London partners to secure improvements in the capital, including exploring devolution.

A London Agreement will be signed before the end of the year to set out shared objectives and principles, as well as a programme of work to support transformation of health and care in London.

The detailed business case for devolution to local and sub-regional partnerships will be developed and tested through a series of pilots, in which government and national partner engagement will be sought. London boroughs, CCGs and wider partners are developing pilots, which will be announced with the London Agreement. These are expected to focus on local integration, sub-regional whole system sustainability, unlocking estate transformation, and prevention.

## **Background**

In September 2013, the Mayor of London launched a London Health Commission. Chaired by Professor Lord Ara Darzi, the Commission lasted a year and gathered evidence from the public, community groups and the private sector, and across the NHS and local government in the capital. You can find out more at the now archived [London Health Commission website](#) (external link). And here is [London Councils' evidence to the Commission](#).

In October 2014, Lord Darzi published his report [Better Health for London](#). It sets out a series of aspirations and recommendations to a range of organisations across London and nationally to improve the health of Londoners and the quality of health and care services in the capital, as well as increasing the economic contribution that health and life sciences can make to growth.

In March 2015, the Mayor of London, London Councils, NHS England (London), London's CCGs and Public Health England (London) published the the [Better Health for London - Next Steps Plan](#). In this we jointly committed to 10 aspirations to improve health and wellbeing in London, aiming to make London the healthiest global city.

- See more at: <http://www.londoncouncils.gov.uk/our-key-themes/health-and-adult-services/health/better-health-london#sthash.IADPYTBE.dpuf>

## NHS England London

### London to become world's healthiest major global city by 2020

25 March 2015

London's 32 GP-led Clinical Commissioning Groups and NHS England (London) have today set out their plans to make London the world's healthiest global city in a joint report, [Transforming London's Health and Care Together](#).

This includes the launch of 13 transformation programmes that will help achieve the vision set out in the [NHS Five Year Forward View](#) and [Better Health for London](#) reports launched last year. It will also deliver value and sustainability as part of plans to dramatically improve healthcare in the capital.

The programmes include the development of a new way of working for GPs, also launching today and the first of the programmes to go live. The [Transforming Primary Care in London: a Strategic Commissioning Framework](#) will radically improve the experience of both patients and family doctors. Patients will also benefit from more time with their GP thanks to plans to reduce the administrative burden placed on their doctors. These changes will be steadily implemented over the next five years.

The primary care framework is based on three aspects – proactive care, accessible care and coordinated care. All three will enable GPs to deliver a more effective and consistent service to London's incredibly diverse population, regardless of the severity and complexity of its health needs.

#### **Anne Rainsberry, Regional Director of NHS England (London)**

**said:** "We are determined to ensure London becomes the world's healthiest global city. We have already taken steps to tackle the challenges that the health service faces in London. Today's announcements will help us to go further and shake up how we deliver health and social care services so that we can meet the evolving needs of our population, now and in the future.

#### **Dr Marc Rowland, Chair of the Office of London Clinical Commissioning Groups, said:**

"Today marks a major milestone in our vision of transforming care for millions of Londoners. Clinical Commissioning Groups across London have come together and we are working closely with NHS England and other organisations to tackle a wide range of issues, including primary care, cancer treatment, mental health and services for the homeless. London's population is growing and changing and we need to keep looking ahead and working collaboratively to ensure we can meet the people's needs and provide world class care all across the capital."

**Welcoming the new Framework, Patient representative Michael Vidal, co-chair of NHS England (London)'s Patient Board for Primary Care Transformation said:** "I am confident that the new framework will make a real difference to patient's lives – promoting wellbeing, providing better access and delivering continuity of care in the communities where people live. It will be important that patients are engaged and consulted fully as the framework is implemented locally."

## 5. Parliamentary questions

### [Pharmacy: Greater London](#)

**Asked by:** Siddiq, Tulip

To ask the Secretary of State for Health, pursuant to the Answer of 8 March 2016 to Question 29770, how much funding for (a) service fees and (b) allowances NHS England allocated to community pharmacies in (i) London and (ii) Hampstead and Kilburn constituency in (A) 2015-16 and (B) 2016-17.

**Answering member:** Alistair Burt

Payments made by NHS England to community pharmacies in its London region in respect of essential and advanced services in 2014-15 totalled £258,069,000.

For the period April to December 2015, these payments totalled £192,497,000.

Information at constituency level and for the financial year 2016-17 is not available.

17 Mar 2016 | Written questions | 30715

### [Pharmacy: Greater London](#)

**Asked by:** Siddiq, Tulip

To ask the Secretary of State for Health, how much central Government funding has been allocated to how many community pharmacies in (a) London and (b) Hampstead and Kilburn constituency in (i) 2014-15 and (ii) 2015-16; and what proportion of the total revenue of community pharmacies that funding represents.

**Answering member:** Alistair Burt

No central Government funding has been allocated to community pharmacies either in London or the Hampstead and Kilburn constituency. NHS pharmaceutical services are commissioned by NHS England, which funds service fees and allowances. Public health services, including from community pharmacies, are commissioned and funded by local authorities.

Community pharmacies can derive revenue from a range of sources, including from the National Health Service, non-NHS and local authorities. The total revenue of community pharmacies is not held centrally.

08 Mar 2016 | Written questions | 29770

[Mental Health Services: Greater London](#)**Asked by:** Khan, Sadiq

To ask the Secretary of State for Health, how many acute beds there were in each mental health trust in London since 2010.

**Answering member:** Alistair Burt

The information is shown in the following table.

General and acute beds open overnight in mental health trusts in London

Quarter	Central and North West London NHS Foundation Trust	East London NHS Foundation Trust	North East London NHS Foundation Trust	West London Mental Health NHS Trust
2011-12 Q1	0	0	135	0
2011-12 Q2	51	0	82	0
2011-12 Q3	51	0	83	0
2011-12 Q4	73	0	84	0
2012-13 Q1	73	61	126	0
2012-13 Q2	73	61	124	0
2012-13 Q3	73	61	115	0
2012-13 Q4	75	61	134	0
2013-14 Q1	75	61	112	0
2013-14 Q2	75	61	178	0
2013-14 Q3	75	61	214	0
2013-14 Q4	75	61	225	0
2014-15 Q1	73	61	203	0



2014-15 Q2	75	61	180	0
2014-15 Q3	74	51	174	0
2014-15 Q4	80	51	188	0
2015-16 Q1	73	51	192	0
2015-16 Q2	73	51	180	0
2015-16 Q3	72	51	176	20

*Source:* Bed availability and occupancy, NHS England

*Notes:*

Mental health trusts in London did not report general and acute beds in any quarter in 2010-11.

01 Mar 2016 | Written questions | 28451

### [General Practitioners: Greater London](#)

**Asked by:** Borwick, Victoria

To ask the Secretary of State for Health, what steps he is taking to help maintain access to local GPs for people in Central London.

**Answering member:** Alistair Burt

This is a matter for NHS England.

Where a single-handed general practitioner (GP) retires, it is the responsibility of NHS England to ensure the patients of that practice have continued access to National Health Service primary medical services.

When a single-handed GP retires an assessment is made on a case by case basis taking into account a range of factors including the demographic profile of patients, alternative local GP capacity and quality, and, patient and stakeholder engagement. This assessment informs the decision as to whether to procure a new service provider or to facilitate patients to register with alternative local GPs.

In terms of future planning NHS England and London Clinical Commissioning Groups are aware of the ages of GPs which may be an indication of future retirements, however, there is no set age for retirement. Capacity planning is constantly under review and considers both potential retirement as well as other factors such as population growth, premises and range of services to be provided which then informs commissioning strategy.

09 Feb 2016 | Written questions | 25125

[Health Services: Greater London](#)

**Asked by:** Slaughter, Andy

To ask the Secretary of State for Health, if he will make an assessment of the implications for his policies of the report of the Independent Healthcare Commission for North West London, published in December 2015.

**Answering member:** Ben Gummer

The Government is clear the reconfiguration of front line health services is a matter for the local National Health Service. Services should be tailored to meet the needs of the local population and proposals for substantial service change must meet the four tests of reconfiguration which are (i) support from general practitioner commissioners (ii) strengthened public and patient engagement (iii) clarity on the clinical evidence base (iv) support for patient choice.

It is right that reconfiguration is led by the local NHS, working closely with the support of commissioners including NHS England, the Trust Development Authority and Monitor.

We are advised that on 14 January 2016, the North West London Clinical Board considered the Independent Healthcare Commission report for North West London and its recommendations of the Shaping a Healthier Future programme.

We understand that the board welcomed this public scrutiny of the plans and agreed with the report that the programme should continue to engage with the public, local authorities, patient groups and other partners. The unanimous conclusion of the board's clinicians was that the report offered no substantive evidence or credible alternative to consider that would lead to better outcomes for patients in North West London above the existing plans in place, which are designed by doctors based on significant clinical data, evidence and experience.

03 Feb 2016 | Written questions | Answered | House of Commons | 24950

[Agency Nurses: Greater London](#)

**Asked by:** Khan, Sadiq

To ask the Secretary of State for Health, how much was spent on agency nurses by each NHS trust in London in each year since 2010.

**Answering member:** Alistair Burt

This information is not collected centrally.

The Rt. Hon. Member may wish to contact each National Health Service trust directly for further information.

Following the Francis report many trusts increased their spend on temporary staffing to meet safe staffing levels. The Department expects

trusts to have a strong grip on their finances, and manage their contract and agency staffing spend (including use of locums) responsibly through effective and efficient workforce planning and management and to minimise temporary staffing costs in future years.

14 Jan 2016 | Written questions | 21971

[General Practitioners: Greater London](#)

**Asked by:** Khan, Sadiq

To ask the Secretary of State for Health, what proportion of total health spending in (a) London and (b) each London borough was allocated to general practice in each year since 2010.

**Answering member:** Alistair Burt

The information requested is not available for the period prior to the establishment of NHS England.

We are advised that general practices in London held budgets as a percentage of total clinical commissioning group and direct commissioning budgets (excluding specialised commissioning held on a provider basis), according to the following proportions: 8.2% in 2013/14 and 2014/15, and 8.3% in 2015/16.

14 Jan 2016 | Written questions | 21773

[NHS Trusts: Greater London](#)

**Asked by:** Khan, Sadiq

To ask the Secretary of State for Health, what the projected end of financial year budget surplus or deficit is for each health trust in London in (a) 2015-16 and (b) 2016-17.

**Answering member:** Alistair Burt

The information is not available in the format requested.

Projected figures for 2016-17 are unavailable. The attached table shows the projected end of financial year budget surplus or deficit for each health trust in London in 2015-16 only.

[Projected end of financial year budget 2015-16](#) (Word Document, 26.91 KB)

13 Jan 2016 | Written questions | 21633

[NHS Trusts: Greater London](#)

**Asked by:** Khan, Sadiq | **Party:** Labour Party

To ask the Secretary of State for Health, what the end of financial year budget surpluses or deficits was for each health trust in London in each year since 2010.

**Answering member:** Alistair Burt

The information requested is in the attached tables.

[End of financial year budget surpluses or deficits](#) (Excel SpreadSheet, 21.42 KB)

12 Jan 2016 | Written questions | 21600

[Accident and Emergency Departments: Greater London](#)

**Asked by:** Khan, Sadiq

To ask the Secretary of State for Health, how many delays of over 12 hours there were in each A&E department in London in each year since 2010.

**Answering member:** Jane Ellison

The information is not available in the format requested. Information is available on the number of patients spending more than 12 hours from decision to admit to admission in each accident and emergency department in London by year. This can be found at the following website:

<https://www.england.nhs.uk/statistics/statistical-work-areas/ae-waiting-times-and-activity/>

12 Jan 2016 | Written questions | 21504

[Accident and Emergency Departments: Greater London](#)

**Asked by:** Khan, Sadiq

To ask the Secretary of State for Health, what proportion of patients were seen within four hours of arriving at each A&E department in London in December (a) 2010, (b) 2011, (c) 2012, (d) 2013, (e) 2014 and (f) 2015.

**Answering member:** Jane Ellison

The information is not available in the format requested. Information is available on the percentage of patients that were admitted, transferred or discharged within four hours of arriving at each accident and emergency department in London in December by year. December 2015 data has not been collected yet. This can be found at the following website:

<https://www.england.nhs.uk/statistics/statistical-work-areas/ae-waiting-times-and-activity/>

12 Jan 2016 | Written questions | 21503

[Accident and Emergency Departments: Greater London](#)**Asked by:** Khan, Sadiq | **Party:** Labour Party

To ask the Secretary of State for Health, how many incidents of A&E departments diverting admissions to other hospitals there were in London in each year since 2010.

**Answering member:** Alistair Burt | **Party:** Conservative Party | **Department:** Department of Health

The information is not available in the format requested.

The following data includes incidences of accident and emergency departments diverting admissions to other hospitals in London during the period April 2012 to December 2015.

**Total Hospital Redirects: April 2012- December 2015**

	2012-13	2013-14	2014-15	2015-16
April	19	32	18	9
May	10	6	6	12
June	9	16	10	6
July	6	17	8	9
August	7	4	10	7
September	10	19	13	21
October	6	25	17	21
November	24	5	8	39
December	21	13	42	29
January	36	16	17	
February	22	22	16	
March	31	13	14	

Source: NHS England

Note:

NHS England was formed in 2012. Therefore data are not available prior to this period.

11 Jan 2016 | Written questions | Answered | House of Commons | 21374

[Hospital Beds: Greater London](#)**Asked by:** Khan, Sadiq | **Party:** Labour Party

To ask the Secretary of State for Health, how many days of (a) acute and (b) non-acute delayed transfers of care there were in each health trust in London in each month since January 2010.

**Answering member:** Alistair Burt

Official statistics for the number of days of acute and non-acute delayed transfers of care there were each month in each health trust in London since August 2010, are published monthly by NHS England on its website at the following address. This data was not collected prior to August 2010.

<https://www.england.nhs.uk/statistics/statistical-work-areas/delayed-transfers-of-care/>

11 Jan 2016 | Written questions | 21227

[Pharmacy: Greater London](#)

**Asked by:** Clwyd, Ann

To ask the Secretary of State for Health, what assessment he has made of the adequacy of provision of pharmacy services in central London outside working hours.

**Answering member:** George Freeman

NHS England is responsible for commissioning NHS services from community pharmacies taking account of the local pharmaceutical needs assessment that is published by the Health and Wellbeing Board for each area. The pharmaceutical needs assessments reflect all NHS pharmaceutical services including hours of opening. 99% of the population can get to a pharmacy within 20 minutes by car and 96% by walking or using public transport and access is greater in areas of highest deprivation. Across London there are 1,851 community pharmacies. Of these, 255 are open 70 hours or more, including 103 open for 100 hours a week. In Westminster alone there are six 100 hour pharmacies.

17 Nov 2015 | Written questions | 902108

[Mental Health Services: Greater London](#)

**Asked by:** Khan, Sadiq

To ask the Secretary of State for Health, what the weekend bed occupancy rates were in each mental health hospital in London in each weekend since 1 January 2015, taking account of patients on weekend leave.

**Answering member:** Alistair Burt

Official statistics for average daily occupancy rates for beds open overnight, including mental health beds, are published every quarter by NHS England on its website at the following address:

<https://www.england.nhs.uk/statistics/statistical-work-areas/bed-availability-and-occupancy/>

05 Nov 2015 | Written questions | Answered | House of Commons | 14431

[Mental Health Services: Greater London](#)

**Asked by:** Khan, Sadiq

To ask the Secretary of State for Health, what the average bed occupancy rate was in each mental health hospital in London in each month since 1 January 2015.

**Answering member:** Alistair Burt

The information is not available in the format requested. Official statistics for average daily occupancy rates for beds open overnight are published every quarter.

Average daily bed occupancy rates for each hospital trust, including each mental health trust, in London for the quarters ending 31 March 2015 and 30 June 2015 are shown in the following table.

Table 1: Average daily bed occupancy rates in London hospital trusts, 2014-15 quarter 4 and 2015-16 quarter 2

Trust	Type	2014-15 quarter 4	2015-16 quarter 1
Barking, Havering and Redbridge University Hospitals NHS Trust	Acute	96.0%	94.7%
Barnet, Enfield and Haringey Mental Health NHS Trust	Mental health	99.2%	98.0%
Barts Health NHS Trust	Acute	96.0%	93.4%
Camden and Islington NHS Foundation Trust	Mental health	98.6%	96.7%
Central and North West London NHS Foundation Trust	Mental health	94.7%	92.3%
Central London Community Healthcare NHS Trust	Community	86.0%	83.1%
Chelsea and Westminster Hospital NHS Foundation Trust	Acute	89.4%	91.7%
Croydon Health Services NHS Trust	Acute	87.6%	82.1%
East London NHS Foundation Trust	Mental health	84.0%	82.7%
Epsom and St Helier University Hospitals NHS Trust	Acute	84.7%	82.2%
Great Ormond Street Hospital For Children NHS Foundation Trust	Acute	85.5%	86.7%

Guy's and St Thomas' NHS Foundation Trust	Acute	84.2%	81.6%
Homerton University Hospital NHS Foundation Trust	Acute	85.7%	81.5%
Imperial College Healthcare NHS Trust	Acute	85.4%	82.0%
King's College Hospital NHS Foundation Trust	Acute	92.2%	91.0%
Kingston Hospital NHS Foundation Trust	Acute	98.4%	89.7%
Lewisham and Greenwich NHS Trust	Acute	95.2%	92.8%
London North West Healthcare NHS Trust	Acute	90.4%	87.7%
Moorfields Eye Hospital NHS Foundation Trust	Acute	72.6%	54.6%
North East London NHS Foundation Trust	Mental health	91.2%	88.5%
North Middlesex University Hospital NHS Trust	Acute	96.7%	88.6%
Oxleas NHS Foundation Trust	Mental health	95.6%	95.7%
Royal Brompton & Harefield NHS Foundation Trust	Acute	94.9%	86.4%
Royal Free London NHS Foundation Trust	Acute	85.5%	85.5%
Royal National Orthopaedic Hospital NHS Trust	Acute	64.9%	68.6%
South London and Maudsley NHS Foundation Trust	Mental health	90.8%	Did not return
South West London and St George's Mental Health NHS Trust	Mental health	80.6%	81.0%
St George's University Hospitals NHS Foundation Trust	Acute	90.8%	93.3%
The Hillingdon Hospitals NHS Foundation Trust	Acute	88.3%	84.5%
The Royal Marsden NHS Foundation Trust	Acute	86.2%	83.1%



The Whittington Hospital NHS Trust	Acute	84.3%	87.7%
University College London Hospitals NHS Foundation Trust	Acute	78.4%	73.4%
West London Mental Health NHS Trust	Mental health	93.0%	93.2%
West Middlesex University Hospital NHS Trust	Acute	90.6%	87.9%

**Source:** Bed availability and occupancy, NHS England

**Notes:**

The table shows average daily occupancy rates for all general and acute, maternity, mental health and learning disability beds open overnight.

The table includes all London hospital trusts that provided data during the period.

The number of quarters in the last five years in which each mental health hospital trust in London had an average daily bed occupancy rate equal to or greater than 85, 90, 95 and 100 per cent is shown in the following table.

Table 2: Number of quarters in which London hospital trusts had an average daily bed occupancy rate equal to or greater than 85, 90 and 95 and 100 per cent in the 20 quarters from 2010-11 quarter 2 to 2015-16 quarter 1

Trust	<b>Average daily bed occupancy rate equal to or greater than:</b>			
	85%	90%	95%	100%
Barnet, Enfield and Haringey Mental Health NHS Trust	18	18	16	0
Camden and Islington NHS Foundation Trust	20	17	13	0
Central and North West London NHS Foundation Trust	19	19	7	0
East London NHS Foundation Trust	9	0	0	0
North East London NHS Foundation Trust	8	1	0	0
Oxleas NHS Foundation Trust	20	19	5	0
South London and Maudsley NHS Foundation Trust	16	5	0	0

South West London and St George's Mental Health NHS Trust	10	1	0	0
West London Mental Health NHS Trust	20	18	1	0

**Notes:**

The table shows average daily occupancy rates for all general and acute, maternity, mental health and learning disability beds open overnight.

The table includes all London mental hospital trusts that provided data during the period.

04 Nov 2015 | Written questions | 14181

[Health Services: Greater London](#)

**Asked by:** Thomas, Gareth

To ask the Secretary of State for Health, how much funding was allocated to each clinical commissioning group area in London per head of population since 2010; and if he will make a statement.

**Answering member:** Alistair Burt

Local National Health Service funding allocations per head of population since 2010 are shown in the attached tables.

Allocations were made to primary care trusts (PCTs) until 2012-13 but since 2013-14 have been made to clinical commissioning groups (CCGs) excluding public health.

It should be noted that CCGs do not share all the responsibilities of PCTs. In addition to commissioning primary care, PCTs commissioned a higher proportion of specialised services than CCGs do now. PCTs also commissioned public health services, a function which has transferred to local authorities via the public health grant.

Further, not all CCG areas and populations are coterminous with those of the former PCTs.

[NHS Funding allocations since 2010](#) (Excel SpreadSheet, 29.37 KB)

03 Nov 2015 | Written questions | 14140

[Hospital Beds: Greater London](#)**Asked by:** Khan, Sadiq

To ask the Secretary of State for Health, on how many occasions in each of the last five years bed occupancy rates reached (a) 85, (b) 90, (c) 95 and (d) 100 per cent in each hospital trust in London.

**Answering member:** Jane Ellison

Official statistics for average daily occupancy rates for beds open overnight are published every quarter by NHS England on their website at the following address:

<https://www.england.nhs.uk/statistics/statistical-work-areas/bed-availability-and-occupancy/>

03 Nov 2015 | Written questions | 14125

[Junior Doctors: Greater London](#)**Asked by:** Khan, Sadiq

To ask the Secretary of State for Health, how many junior doctors worked in the NHS in London in each year since 2006.

**Answering member:** Ben Gummer

The number of full time equivalent NHS Hospital and Community Health Services (HCHS) doctors in training and equivalents<sup>1</sup> in London, as at 30 September each year between 2006 and 2014 and at 30 June 2015<sup>2</sup> is shown in the following table.

2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
10,360	10,443	10,916	11,645	11,971	12,083	12,187	12,455	12,584	12,288

*Source:* Health and Social Care Information Centre Medical and Dental Workforce Census.

*Source:* Health and Social Care Information Centre, Provisional NHS HCHS Monthly Workforce Statistics.

*Notes:*

1 Doctors in training and equivalents refers to the Registrar group, Senior House Officer, Foundation Year 2, House Officer & Foundation Programme Year 1, other doctors in training and other staff at these grades that do not hold an educationally approved training post.

2 June 2015 data is the latest data available. This is sourced from the NHS HCHS Monthly Workforce Statistics.

14 Oct 2015 | Written questions | 11075

## 6. Organisations and reports

### **NHS England London**

March is #primarycare month – Dr Anne Rainsberry, March 2016

London's urgent and emergency care to become coordinated, consistent and clear, 17 November 2015

Transforming London's Health and Care Together

Transforming Primary Care in London: a Strategic Commissioning Framework

London – A Call to Action. A Summary of NHS & patient engagement April 2014

### **The London Clinical Commissioning Groups**

**London Health Commission** (Chaired by Professor Lord Ara Darzi)

[Better Health for London](#), October 2014

### **The London Health Board partners**

[Better Health for London - Next Steps Plan](#), March 2015

[Better Health for London: One Year On](#), October 2015

[Report of the Independent Healthcare Commission for North West London](#) (Chaired by Michael Mansfield QC), December 2015

Myhealth London (NHS)

[Caring for the Capital: Nursing and the RCN in London](#), RCN London, June 2015.

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