Critical Condition: London's NHS

Dr Onkar Sahota AM

GREATERLONDONAUTHORITY¦ LONDONASSEMBLYLABOUR

FOREWORD

Our frontline NHS services in London have been pushed to a cliff edge. Nurses and doctors are being asked to deal with the results of poorly thought-out, short -term policy making across government with one single goal – to save money despite the cost to patient care.

GP practices are profoundly overstretched,[1.1] as they deal with more complex and long term illnesses from an ageing and increasingly diverse population.

For working families it is becoming increasingly difficult to access GP services. We are seeing patients having to queue outside surgeries across London in order to see a doctor.

The ambulance service is dealing with the largest volume of calls in its history and not just over the winter period. The service is operating at a higher than sustainable rate all year round. Ambulance response times are increasing. Some boroughs are missing their 8-minute target on more than 50 per cent of occasions.

A&E departments are also struggling to cope with largest number of patients ever.[1.2] Extra capacity beds designed for short-term surges have been full all year. We are back to the trolley waits and ambulances queuing outside hospitals of the 1980s.

At the same time nurses and paramedics are being driven away by the cost of living in London and the pressure of working in its overstretched NHS.

London's hardworking paramedics, nurses and doctors deserve better from this government. London's patients deserve better.

I urge the government and the Mayor:

- To create a strategic and holistic pan-London approach to health and social care protection and provision in the capital, similar to that promised to Manchester.
- To halt further closures to A&E and Maternity wards in London until a full review has been completed.
- To prioritise addressing the lack of nurses, doctors and paramedics and establishing key-worker housing.
- To invest in London's primary care infrastructure to bring it up to standard.

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CONTENTS

EXECUTIVE SUMMARY	Page 4
GENERAL PRACTICES	Page 6
EMERGENCY CARE	Page 10
CASE STUDY: NW LONDON	Page 14
POLICY	Page15
SURVEY RESULTS	Page 18
RECOMMENDATIONS	Page 19
CONCLUSION	Page 20
REFERENCES	Page 21

SUMMARY

GP services, ambulances, A&E departments and hospitals all form part of the same system. It is a system that includes mental health services and social care services and it is time we took an integrated approach to delivering this care.

This report offers a snapshot of the key issues facing our frontline services, including:

- General Practices: Showing that it is becoming increasingly difficult to see a GP; that we are not training or retaining enough GPs; and that the General Practice infrastructure in London is in danger of collapse.
- The London Ambulance Service: Revealing a growing inability to respond to incidents within the target time; and a lack of paramedics resulting from recruitment and retention issues.
- Accident and Emergency departments: Revealing record waiting times and ambulance delays for patient transfers.
- Lack of integration: Looking at wider Government policy-making and its influence on the deteriorating service provision seen in our hospitals and GP surgeries.

One fact stands out across this report; trouble in one part of the system inevitably triggers cascading effects across London's healthcare.

The clearest barometer of an NHS in trouble is the crisis in emergency care services, with our vital A&Es and ambulances squeezed by the knock-on effects of other failures. Failures such as the increasing difficulty of securing a GP appointment, overburdened clinicians leaving practices in droves and ongoing social care cuts.

On top of this is the pressure of a growing population, an ageing population and rising incidence of both chronic disease and mental illness which both require constant care.

We are facing a fundamental challenge in the NHS right now. Government reforms have resulted in chaos and confusion which may threaten the success of the whole health service.

SUMMARY

There is a crisis in London's general practices

Problem: Not enough doctors are being trained. London GP infrastructure is facing fundamental physical and staffing challenges in London's most deprived areas.

Recommendation: Call upon the Mayor to lobby for the £1bn recommended by the London Health Commission to bring London's primary care up to standard.

There is a crisis in London's ambulance service

Problem: Paramedics are being lost from the service, whilst the number of call-outs increase and response times fall.

Recommendation: Call upon the Mayor to make the cost of living more affordable by supplying key-worker housing for our emergency service workers.

There is a crisis in London's A&E departments

Problem: Waiting times are getting longer. Hospitals are using surge crisis beds all year round. Patients are left waiting on trolleys or outside in ambulances for extensive periods.

Recommendation: Call upon the Mayor to lobby the Secretary of State to halt the closure of further A&E departments.

There is a crisis in London's NHS

Problem: Government reform means we now have 32 bodies commissioning the same services and grappling with the same problems. There is an absence of leadership and responsibility, and no pan-London strategic health planning.

Recommendation: Call upon the Mayor take responsibility and urge the Department of Health and the Treasury to create a pan-London strategic health organisation, with a Health Commissioner, in order to provide leadership and accountability.

GENERAL PRACTICES

GPs deal with 90% of all public interactions with the NHS, but only receive 8.4% of total NHS funding.[2.1] Despite their importance, for thousands of Londoners it is getting harder and harder just to get an appointment.

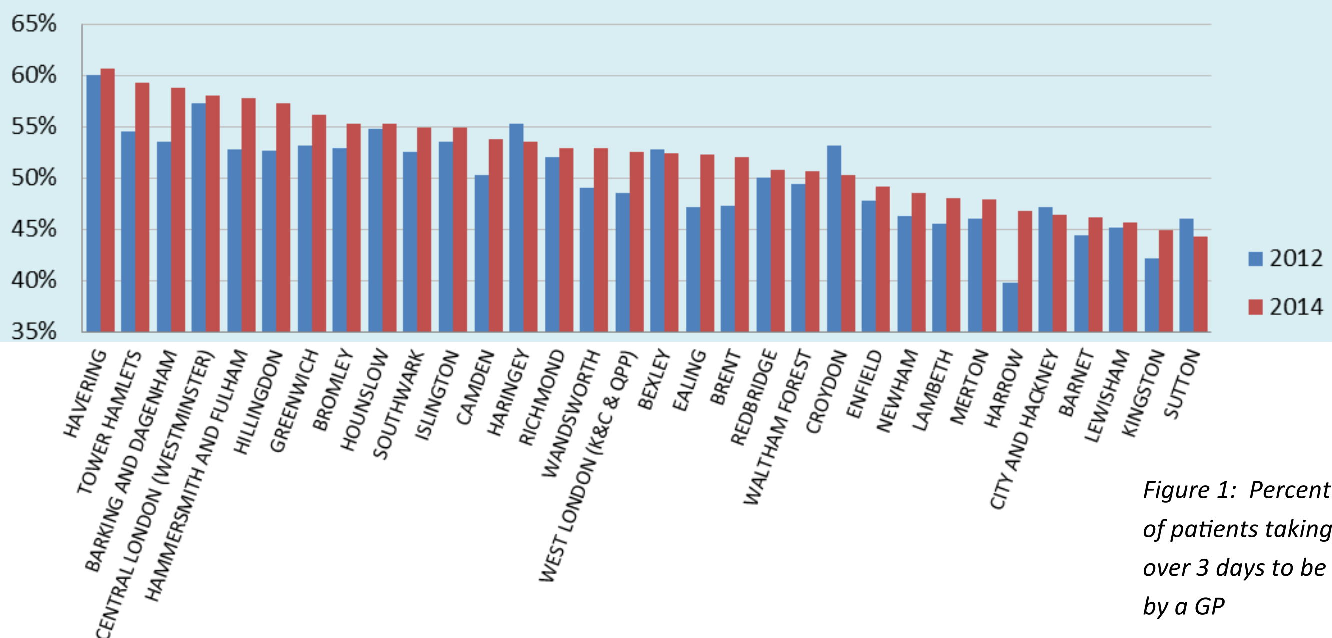


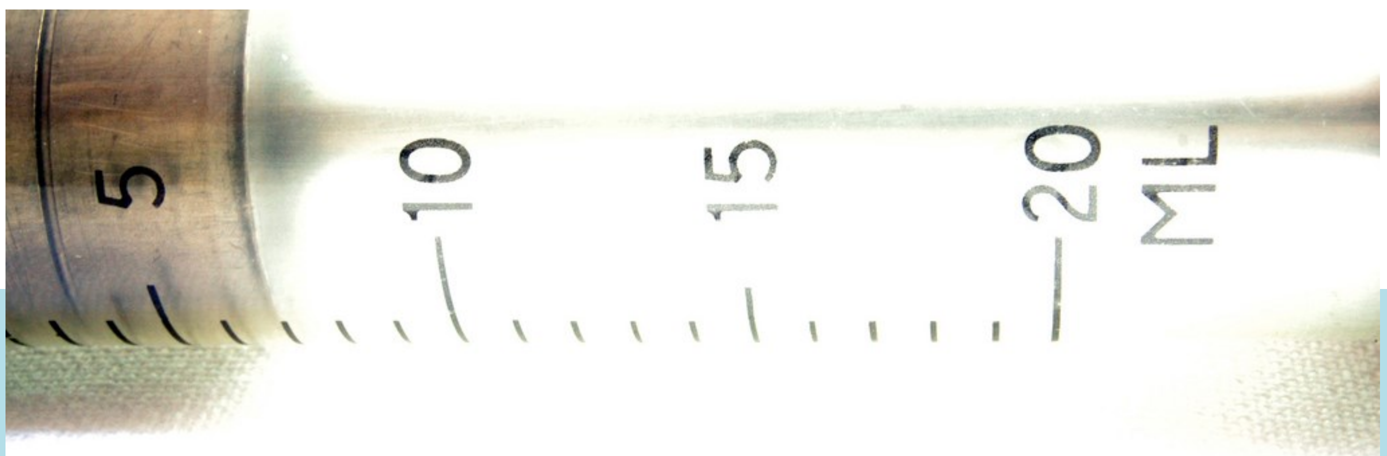
Figure 1: Percentage of patients taking over 3 days to be seen by a GP

Harder To See a GP

If current population trends continue, London will be home to over 9 million people by 2022.[2.2] The fastest growing population groups are the over 65s and the under 35s, which together represent the largest user groups of healthcare services.[2.3] Inevitably this will have an impact on GP demand.

It is becoming increasingly difficult to contact your local surgery and get an appointment. Between July 2013 and March 2014 the NHS General Practice Survey found that in London as many as 36,000 people said it was 'not easy' or 'not easy at all' to book an appointment with their GP.

Furthermore, between January 2014 and July 2014, 22 of London's 32 boroughs had more than half of patients waiting three days or longer to get a GP appointment.[2.4]



GENERAL PRACTICES

Fewer GPs than we need

The Chair of the British Medical Association recently highlighted the national shortage of GPs, telling the London Assembly that *"in the last five years we (GPs) are seeing 40 million more people annually and there has not been any commensurate increase in GP or nurse numbers"*.[2.5] The effects are particularly acute in London, where our rapidly rising population has recently hit record numbers.

Our supply of GPs is flat-lining. There are fewer students choosing to enter the profession, and amongst those that do, increasing numbers are choosing to leave halfway through their career or opting for early retirement.[2.6]

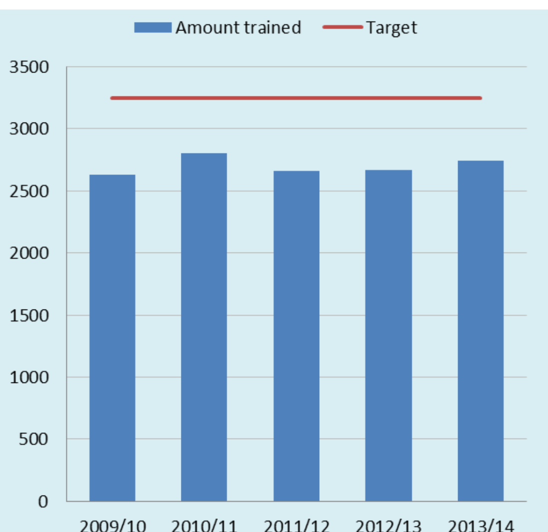


Figure 2: Number of GPs trained compared with national target

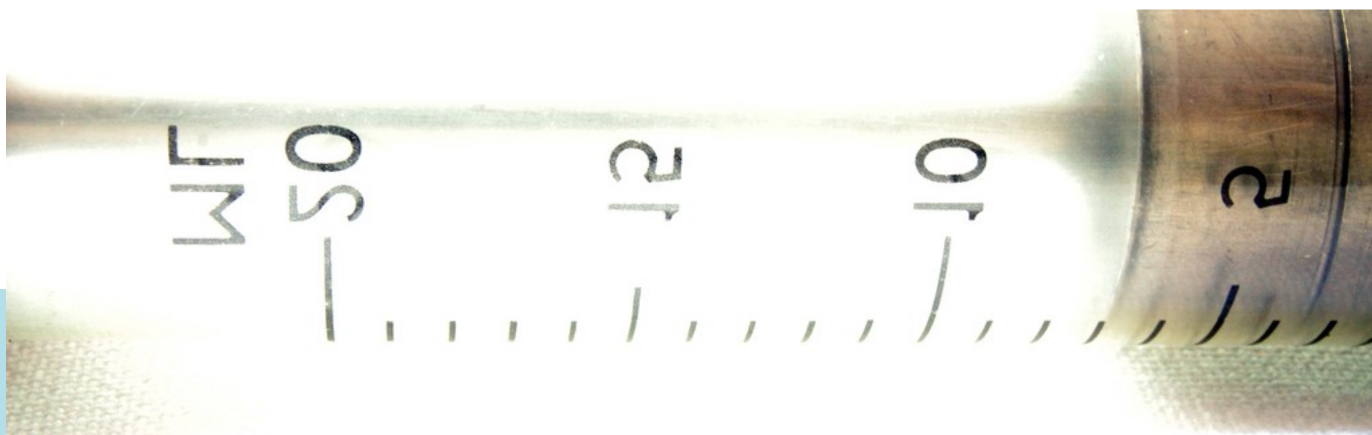
This means that the number of GPs being trained annually falls far short of the Government target of 3,250, which is required to meet demand.[2.7]

As well as the lack of junior doctors, practising doctors are turning away from the profession. The British Medical Association found the most significant reason for this to be workload[2.8] but the draw to other countries is also a contributing factor.

Requests for the documents required to practice abroad (the General Medical Council's Certificate of Good Standing) have risen by over 12% since 2008. In 2013 the total number of doctors receiving their certificates reached 4,741 nationally.[2.9]

The squeeze also has ramifications for those nearing the end of their medical career, with many GPs choosing to take early retirement, resulting in a serious threat to the GP structure across London. 16% of GPs in London are now over 60 years of age.[2.10] The proportion of GPs above 60 is typically higher in areas where there are many single-handed practices and where there is often deprivation within the community. Thus leaving highly vulnerable sections of the population with a potential gap in primary care provision.[2.11]

There has to be a strategic, pan-London approach to resolving these issues. Government reforms have failed and a new way forward, tailored to the capital's needs, is required to ensure that London's NHS is working to an adequate level.



GENERAL PRACTICES

Failing to Tackle Inequality

Health inequality is inextricably linked to lower socio-economic backgrounds and deprivation. The more deprived an area of London is, the more complicated and demanding its care needs often are. GP services are an essential part of these communities and addressing the challenges these services face is necessary if we are to eradicate health inequalities.

As noted previously, GP surgeries in these areas tend to be single-handed, have more patients per clinician and are more likely to employ GPs who are over 60 years of age. The running costs of these practices tend to be much higher than those of multi-partner practices.

95% Of doctors don't feel reforms have improved quality of care

A higher number of patients suffer from complex conditions; they often speak English only as a second language; and they more frequently require the help of social services or other agencies outside the NHS.[3.1]

Last year, the Government reformed GP funding so that they are now paid a fixed rate per patient. This threatened the sustainability of many smaller practices in the capital, particularly those in deprived areas. In Tower Hamlets and Hackney alone at least 17 practices are at risk; although the total number is unknown.[3.2]

The Government has since provided short-term emergency funding for these clinics to cover the funding gap until 2016, after which it will disappear, taking many GP clinics with it.

Failed Management Reforms

Government health reforms in the 2012 Health and Social Care Act have fundamentally changed how General Practices work.

Reforms saw the removal of the 48-hour appointment guarantee and more managerial responsibilities passed to practitioners. GPs now hold responsibility for commissioning services and managing healthcare systems across their entire boroughs.

Few doctors have embraced their new management responsibilities, and a British Medical Association survey of its membership found that only 5% of doctors felt that the reforms had improved quality of care for patients.[3.3] These additional duties have essentially taken GPs away from providing treatment and care for their patients.

The ultimate effect is that many GPs no longer wish to become partners in local practices. The responsibility and workload of running a practice has become too much.

Many doctors now prefer salaried posts, which carry less business and managerial burdens, allow for more time to practice medicine, and offer a better work-life balance.[3.4]

Between 2000 and 2010 there was a 12-fold increase in GPs choosing salaried posts, and partnership vacancies increased fourfold between 2012 and 2013 and fourfold again by 2014.[3.5]

GENERAL PRACTICES

London General Practice Infrastructure

With the number of GP consultations in London growing rapidly over the last 10 years, unprecedented pressure has been placed on a system that has failed to receive the necessary support to help it adapt and change.

Government reforms have atomised and broken up care in London, a clear example of which is the Health and Social Care Act 2012. This removed the single strategic health authority, subsequently replacing it with 32 borough-level 'clinical commissioning groups' and other assorted organisations.

The ramification of these failures have not been isolated to GPs. Growing pressure on GP practices, has also presented challenges for emergency care services.

As this report will go on to demonstrate, the strain on GP services, the closures of walk-in centres and the downgrading of the NHS phone service, have deluged emergency services with unprecedented demand.

Only a strategic pan-London response can alleviate the mounting pressure on the system. The necessity of such an approach is highlighted in Lord Darzi's *London Health Commission Report*, which singles out GP infrastructure as an area in need of major renewal.[3.6] The report rightly calls for £1bn of investment to bring London's primary care up to speed, to integrate different elements of care, and to improve access for patients.

EMERGENCY CARE

The heroic work of A&E paramedics, nurses and doctors is not just mentally taxing and physically tough. Expert consultants and experienced teams are on constant alert, ready to address any medical emergency which may arise. They are also the caring hand that helps us during some of our most difficult times.

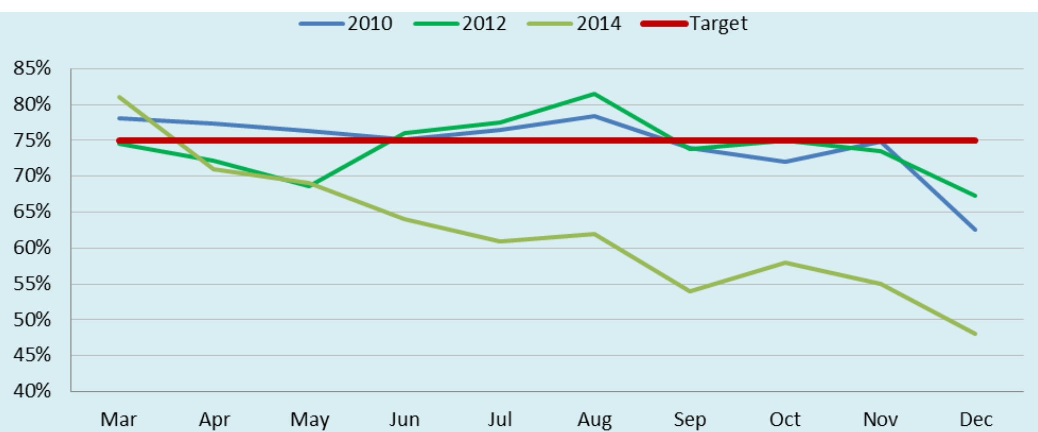


Figure 3—London Ambulance Service March 2014—December 2014 response times.

Ambulance Response Times

The London Ambulance Service is in crisis. Our lifeline in our moments of greatest need is being dangerously overstretched by budget cuts and increased demand.

The rise in demand on the ambulance service is significant. Between April and September 2014, calls to the London Ambulance Service soared by 10.9% compared to the same period in 2013. Much like GPs, demand for ambulance services is only increasing.

Date	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14
London Total	**81%**	**71%**	**69%**	**64%**	**61%**	**62%**	**54%**	**58%**	**55%**	**48%**

Figure 3.1— London Ambulance Service March— December 2014 response times

Paramedics are tasked with reaching patients within 8 minutes and are expected to reach this target at least 75% of the time. 2014 saw that national target missed for the first time and services are finding it increasingly hard to cope.

Worsening response times have resulted in the London Ambulance Service making several calls for assistance, with warnings that they are unable to cope. In September a decision was taken by the London Ambulance Service not to attend the least serious of calls[4.1] and in December a message was issued to neighbouring ambulance trusts requesting further help.[4.2]

Worryingly,18 boroughs saw response rates for the most serious incidents fall to less than 50% being reached within target at least once during the final three months of 2014.

Thus even for the most serious of emergencies, half of ambulances will not attend within the specified target. This represents a dramatic decline from two years ago, when the 75% target was being comfortably met.

Supply and Demand

There are two significant factors undermining the response times of the London Ambulance Service. Not only have we witnessed a rise in demand with increasing numbers of people calling the service, we are also facing a significant shortage in supply, with simply too few paramedics.

On the demand side we have already seen that Londoners are finding it more and more difficult to access GP appointments. This, combined with the closure of 1 in 4 walk-in centres, could result in some patients going untreated for long periods,[4.3] sometimes requiring emergency care down the line. Savage cuts to social care and mental health services have also left many vulnerable patients without the care they need.[4.4]

The replacement of NHS Direct with NHS 111 saw fewer doctors and nurses in place to handle medical enquiries over the telephone and unqualified call handlers frequently resorting to calling on the ambulance service.[4.5]

'Supply' has also suffered, with the London Ambulance Service forced to slash its budget by 19% before 2015 as part of the Government's last spending round. This resulted in cuts of £53m. Paramedics remaining in post must now deal with the impact of A&E closures which have meant ambulances having to travel further, whilst patients wait longer.

Patient numbers have undoubtedly grown at an unprecedented rate, but the impact has been compounded by poorly thought-out short-term cost saving measures and ill-advised reforms.

Ambulance services are facing the same budget cuts and failed reforms that have worn away at General Practice and they are suffering in the absence of London-wide strategic planning. Such a plan, similar to that proposed in Greater Manchester, would allow us to cope with changes in demand while maintaining standards.

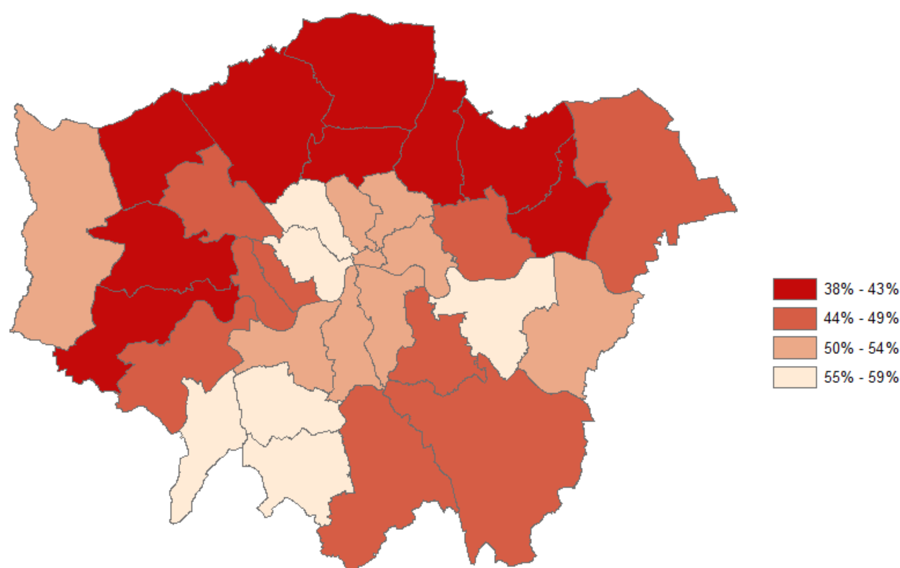


Figure 3.2: Percentage of Ambulance's reaching incidents by the 8 minute target, by borough.

EMERGENCY CARE

The unprecedented growth in patient numbers in the capital is attributable to a number of factors, including our rising and aging population. Yet the impact of this has been unnecessarily exacerbated by short-term cost saving measures and ill-advised government reforms.

Accident and Emergency Closures

Soon after taking office, the Government sat about rapidly dismantling London's A&E services. The result has been the closure of four A&E departments, with a fifth due to close in 2015 and a further two in the pipeline.[5.1]

- Queen Mary's, Sidcup, October 2013
- Chase Farm, Brent, December 2013
- Hammersmith, Hammersmith and Fulham, September 2014
- Central Middlesex Hospital, Ealing, September 2014
- King George's Hospital, Ilford, due 2015

These plans were widely opposed by local residents who campaigned extensively to retain their services and it is likely the planned closures of Ealing and Charing Cross A&E departments will result in similar protestations.

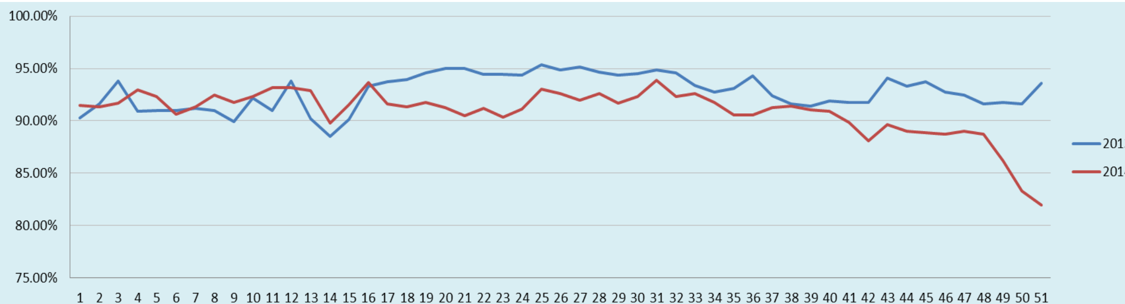


Figure 4— London A&E (Type 1) Waiting times under 4 hours by week

A&E Waiting Times

Waiting times in our capital are some of the best and worst in the country. Nevertheless data released by NHS England shows that we are now witnessing a worrying trend across London's A&E departments of growing response times with those in 2014 the worst on record.[5.2]

In 2014 alone, approximately 200,000 patients had to wait over four hours in London's A&E before receiving treatment.[5.3]

By the end of the year, 43% of patients at one A&E department were left waiting over four hours to be seen. These were the worst waiting times in the country and are a startling reminder of the destructive impact of the government's reforms to our health service. [5.4]

Increased Waiting Times

The near collapse of London's emergency care system is clearly illustrated by the growing number of ambulances waiting outside A&E departments.

During December 2012, 644 ambulances were left to wait more than 30 minutes outside A&Es. In 2014 this number had risen to 2,655.[5.5]

Whilst these ambulances are are being used as substitute A&E beds, they are unable to attend to other emergencies.

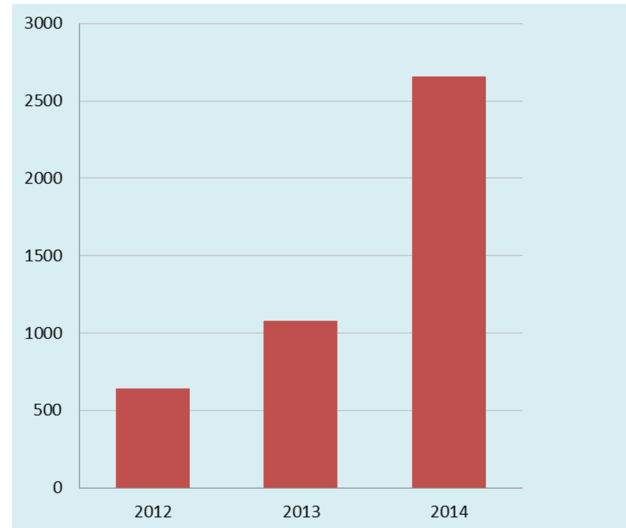


Figure 5 —Number of ambulances waiting over over 30 minutes in December by year

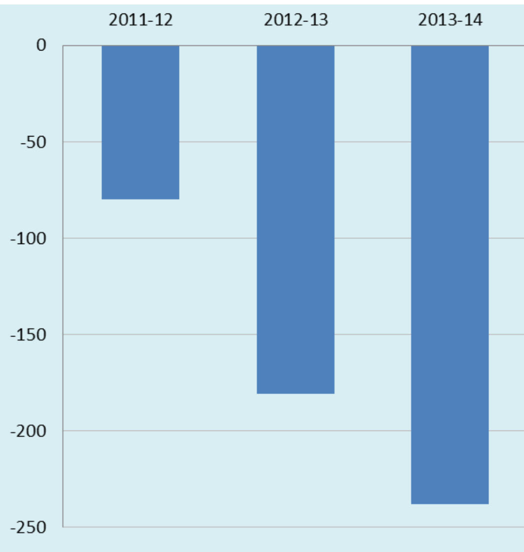


Figure 6 —Number of Paramedics leaving the service by year

Shortage of paramedics

Many paramedics in the capital, struggling with the increased pressure on services, are choosing to leave to work elsewhere in the country and abroad.

In 2014, 238 paramedics left the service– a threefold increase on 2011. The NHS has been forced to recruit from Australia and New Zealand, with reports that the London Ambulance Service is running short of 400 paramedics[5.6]

In a letter to London Assembly Member Dr Onkar Sahota, the LAS outlined a number of underlying causes behind the exodus. These included the increasing pressure on the service and individuals, the long distances travelled to work and London's increasing cost of living.[5.7]

Nursing shortage across the NHS

According to the Royal College of Nursing, London's NHS has a shortfall of 8,000 nurses. At present, approximately 14% of nursing posts in the capital are unfilled, up from 11% just one year ago. A staggering 40% of new posts created by the Government have gone unfilled.[5.8]

Paramedics and nurses alike are finding that they simply cannot afford to live in London and are choosing to look for positions elsewhere. Of those nurses that remain in post, many now feel taken for granted after the Government rejected the NHS-wide, independent Pay Review body recommendation of a 1% pay rise .

Case Study: North West London 'Shaping a Healthier Future'

'Shaping a Healthier Future' is the name given to the large scale NHS re-structure plan for west London. The project will see four A&E departments close and another expanded, alongside the closure of a maternity department and the merging of two trusts.

At the start of the re-structure project a report from the Care Quality Commission described Northwick Park (the designated 'super hospital' which will shoulder much of the burden of the restructure) as one which '*requires improvement*'. The hospital's A&E department was also cited as one which '*requires improvement*', with issues raised about staffing levels and poor performance.

Despite concern about the re-structure proposals and a lengthy campaign from patient groups and clinicians, September 2014 saw two A&E departments closed and replaced by Urgent Care Centres in north west London.

Northwick Park hospital and Ealing hospital were forced to bridge the gap left by the Central Middlesex closure, while Imperial Hospital Trust took the extra patients from the closure of Hammersmith A&E department.

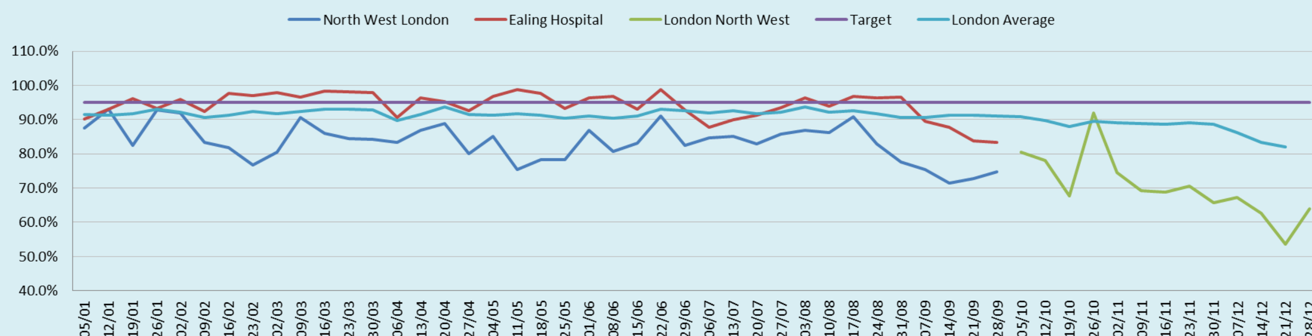


Figure 7: North West London waiting times, before and after reforms

Exacerbating the instability in north west London's health services, the Ealing and North West London Trusts merged a week later, despite the fact that Northwick Parks' new A&E, with its greater capacity, was still three months away from completion.

Poor planning of this kind meant that, during 2014, London North West Hospital Trust found itself consistently in the worst ten hospitals in the country; coming last twice in the final three months of the year, with nearly 30% of Type 1 patients left to wait longer than 4 hours for treatment and ambulances left waiting outside due to insufficient capacity to treat casualties.

North west London's NHS infrastructure has been significantly damaged, with no apparent plan and no vision as to how patients should be cared for. Meanwhile London North West Trust's only response has been that the hospitals are broadly performing as they expected. Should this be true, they were planning for failure and have achieved it.

On their own, the statistics used to evidence this report are a cause for concern. Cumulatively, they paint a picture of a health service on the brink of collapse.

A crisis point has been reached across the whole healthcare system. This is attributable, not to a single policy, but a series of ill thought-out reforms, underpinned by poor planning, short-sightedness and overly-zealous cuts.

There are several systemic problems responsible for reducing the effectiveness and hard work of NHS staff. This is not simply a case of an underfunded service (although that is undoubtedly a contributing factor), but consequential policy failures leading to increased pressure on General Practice and emergency services.

Our aging population is frequently cited as a contributing factor in the collapse of the frontline services. Yet policy-makers ought to see this growing demographic not as a problem, but as a challenge; not to mention a testament to the efficacy of our NHS.

London remains a relatively young city, with the proportion of over 65s in the capital reducing somewhat during the last decade. As a result, the effects of an aging population, may not be felt as strongly in the capital as they are in other parts of the country, which have seen relatively higher growth in this age bracket.

In November 2014 5,026 medically discharged patients occupied hospital beds as they had nowhere else to go

Since 2008, significant cuts to local authority budgets have had a profound impact on social care, mental care and the NHS. Calculations from Age UK show that, compared with 2011, there now are 250,000 fewer elderly people in care, with total spending on social care falling by £770 million since 2010. They also calculated that 800,000 people, currently in need of care are not receiving any. [6.1]

The gap in provision is evidenced by the rise in delayed transfer of care, where patients have been clinically discharged but are unable to access services such as community, social or mental health care. In November 2014 such delays rose to their highest level in four years, reaching of 5,026 patients nationally.[6.2]

What this means is that some of London's most vulnerable or elderly people remain in hospital when they could be cared for in the community. As such, many hospital beds are unnecessarily occupied, A&E departments become overcrowded and ambulances are forced to wait for long periods to off-load patients and continue to respond to other emergencies.

POLICY

NHS Walk-in centres were established to provide a high visibility, out-of-hours option that could bridge the gap between GP and A&E services. Over 200 were set up and it is widely acknowledged that they have been successful in treating patients and taking pressure off primary and emergency care. Despite their success and popularity amongst the public, the Government has cut these service by 25%, forcing patients to attend already overstretched GPs or A&E departments.[6.3]

Attendances at these services have also risen following the implementation of NHS 111. Originally set up as NHS Direct, nurses and doctors were available to discuss medical issues over the telephone. This replacement service has seen a reduction in the ratio of trained nurses and doctors to triage patients. Consequently, more than one in ten calls to NHS 111 results in an ambulance being called.[6.4]

The £3 billion re-organisation has fragmented our NHS and it has been almost universally rejected

This report has explored at length the impact on London's NHS of a lack of doctors, nurses and paramedics. To date, the only proposed solution has been to recruit from abroad. However, the Royal College of Physicians, the Royal College of Nursing and the former chief executive of the London Ambulance Service, have all stated that it is the cost of living crisis in London and the poor work-life balance of medical staff which is deterring them from working in our capital.

We have to be very clear about what the government's policy on financing the NHS and the resulting crisis really means for the future of our city's health services.

Throughout the course of this Parliament, health budgets have increased by just 0.7% in real terms. This falls far below the amount needed to combat the increased demands of our rising population and the spiralling costs of health care.

POLICY

Sadly the government's response to tackling the crisis in our NHS has been poor. Initial denial is followed by bursts of emergency cash. When this all proves to be too little too late, blame is then passed on to others.

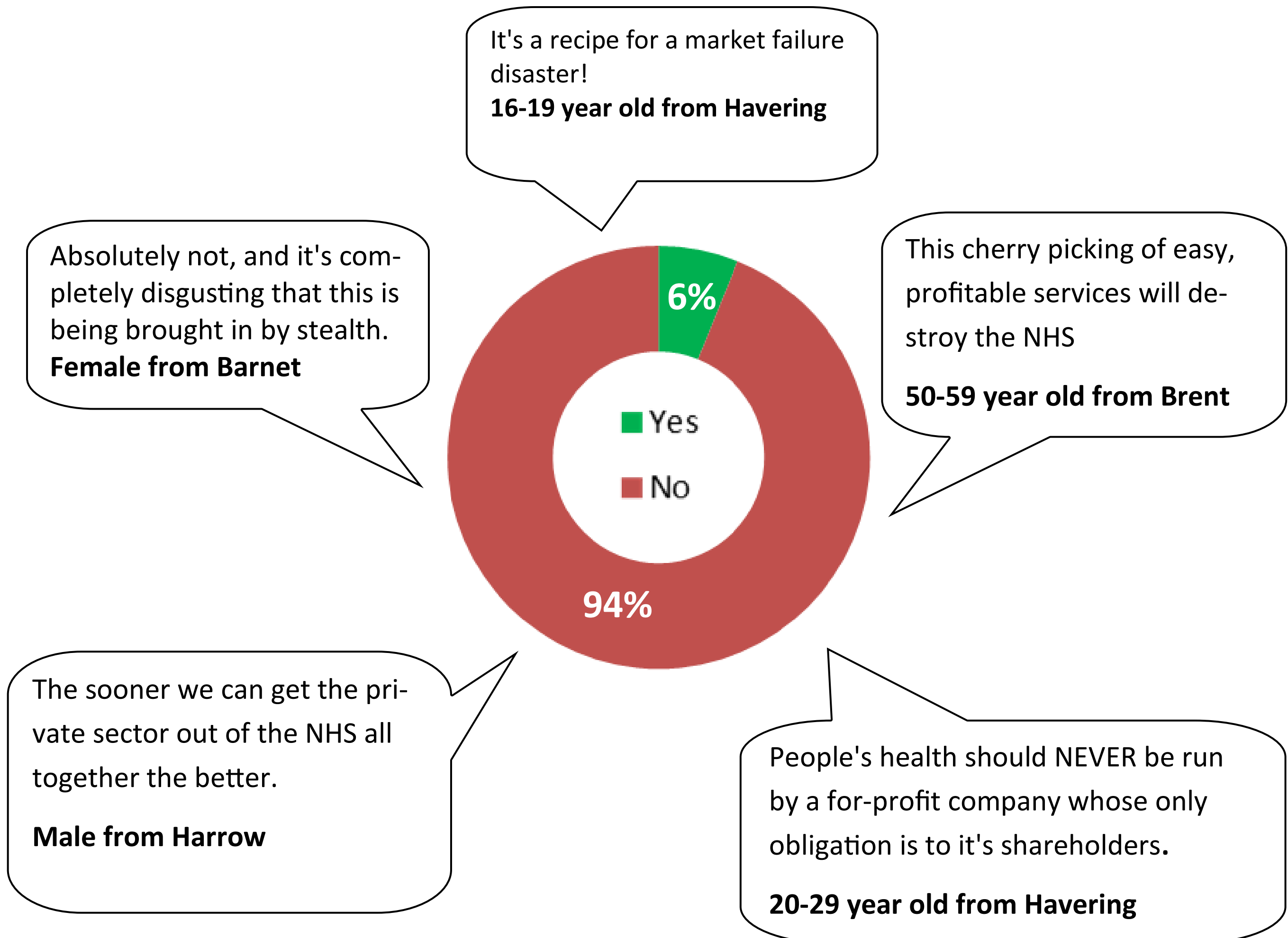
The 2013/14 A&E crisis is a clear example of the government's inability to address the crisis. £700million was pledged in an attempt to deter a crisis on the level of the previous year; yet £300 million was only made available in September, meaning it was far too late for any effective measures to be put in place. Beds can be quickly purchased, but it requires more time to recruit the trained nurses and doctors needed to staff them.

According to the Department of Health, NHS funding is ring-fenced. Yet this hasn't prevented the government embarking on an unnecessary reorganisation and spending £3 billion on a project which has been almost universally rejected by patients and medical professionals alike.

Most will acknowledge, as does Lord Darzi in his aforementioned report, and Simon Stevens, the CEO of NHS England, that the old 1950s model of NHS care is out-dated and not fit to deal with the 21st century. The key is to do so by properly investing in primary care and public health with the necessary strategic leadership needed to oversee this work. A targeted approach of this kind overseen at the London level, and which understands London's needs, has the potential to reduce London's health inequalities and improve the lives of all Londoners.

SURVEY RESULTS

Do you think NHS services should be run by private companies?



1,467 people were surveyed about their opinions on NHS reforms. The overwhelming majority felt that NHS services should not be run by private companies, with many fearing that this would lead to worse and less responsive care.

RECOMMENDATIONS

A new approach is needed to address London's ailing health system. Integrated physical, mental and social care have been recommended by the *London Health Commission Report* and the *NHS Five Year Plan*. Both call for a re-alignment of care, prevention and primary care in order to reduce long term illness and health inequalities.

1. A strategic approach to health in London is the right place to start addressing pan -London issues, such as our ambulances, GPs and the distribution of A&E departments. This would allow targeted measures to tackle public health issues and begin to seriously address health inequalities.

   A London solution with a publicly responsible health commissioner, based on a similar model to the Mayor's Office of Policing and Crime and the Metropolitan Police Service, would serve to increase accountability. The establishment of a London Health Board would allow a strategic approach to delivering health and social care provision.

   Joined-up working is needed between the 33 Local Authorities, with their responsibility for public health and social care, the 32 CCGs who control the NHS commissioning budget, and the 34 Trusts with their responsibility to deliver care; in order to remodel the way health and wellbeing are achieved in London.

   We have seen the success of the strategic planning of stroke and cardiac care in London. Similar thinking should be applied to other public health challenges, such as obesity in children, mental health issues and health inequalities.

2. The Mayor must call on NHS England to halt any further closures to A&E and Maternity wards and to prohibit the reduction in hospital beds until a full comprehensive review has been carried out across the London.

3. The Mayor must prioritise reducing the shortfall of 8,000 nurses and 400 paramedics by having a plan for key worker housing. We need to re-establish a system in London where we can provide for the very people who keep our city healthy and save our lives.

4. The Mayor should lobby the Government to invest in bringing Primary Care up to standard across London. We need to ensure we have an equitable distribution of primary care across London and that deprived areas are not under serviced.

CONCLUSION

We must end fictional divisions between physical and mental health, between hospital and community care, and between public health and acute care. After all, they are all inextricably linked. Simon Stevens and Lord Darzi both used high profile reports last year to state that healthcare policy must change focus to address this.

We have an aging population with more complex needs. Public health is not just right, the future of our NHS depends on it. Every aspect of the health care system is at capacity; including hospitals, GPs, ambulances, mental health services and social care services.

A catalogue of failures which reach far beyond health policy, have had a detrimental impact on frontline provision and patients alike. The unnecessary £3 billion re-structure has put unprecented strain on services, deterring many professionals from working in the capital and preventing some patients from accessing the care they need.

We need to face up to these challenges, and refocus public health on whole person care stretching across health, social and mental care services.

In London we have fewer smokers, less risk of heart disease and lower cancer rates than the rest of the country. Conversely, we have a much younger population, higher rates of teenage pregnancy, childhood obesity, HIV, serious mental illness, and suicide. As with Manchester, London's different needs require different solutions. Solutions tailored to suit London, which maximise investment and innovation strategically. A push in this direction would ensure London's health and care services work together and meet the unique needs of our population.

Devolution isn't about creating a postcode lottery – it's about solving one. We have to accept that we have a unique health reality in the capital. We need a health system which can respond to these local needs and which must be continually prepared to face anything from the Ebola virus to a terrorist attack.

It is our belief that, through a more coordinated and strategically planned health protection and provision, we can reduce inequalities and improve care. Together, alongside better coordination with the voluntary sector, I do believe we can make London a healthier place for all.

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Figure 3, 3.1 & 3.2: London Ambulance Service NHS Trust (2015) [Data for January and February was not available]

Figure 4: NHS England (2014-15) *"Weekly Data and Quarterly Aggregates"*

Figure 5: NHS England (2012-14) *"Ambulance Quality Indicators"*

Figure 6:BBC News (04/07/14) "Paramedics *leaving London Ambulance service trebles"*

Figure 7: NHS England (2014-15) *"Weekly Data and Quarterly Aggregates"*

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