

# Save Ealing Hospital Action Community Group Research Report

Dr. Waseem Ahmed and Zahida Abass Noori

We've been proud to work alongside community members, key players, educators and students to reinvent what it means to teach and learn for Role Model Society and together we're doing things we never thought possible.

# Save Ealing Hospital Action Group Community Report

**Dr. Waseem Ahmed and Zahida Abass Noori**



**W**e believe that our work has the power to transform the sustainability and harmony in community. It can pave new ways of thinking, new ways of sparking ideas. Yet the community never changes: a dedication to educate community, spreading awareness, learning that's always been part of our DNA.



# SAVE EALING HOSPITAL

## COMMUNITY ACTION GROUP

### Our vision, mission and values



We are working towards a community in which people's health and social care, community matter needs are heard, understood and met



Because Your Life Matters



Believe in We

[www.saveealinghospital.com](http://www.saveealinghospital.com)

# SAVE EALING HOSPITAL

## COMMUNITY ACTION GROUP COMMUNITY REPORT

**E**aling Hospital is a district general NHS hospital, part of **LONDON NORTH WEST HEALTHCARE NHS TRUST**, located in the Southall district of the London

Borough of Ealing, West London, England. It lies on the south side of the Uxbridge Road 8.5 miles west of central London. It sits between Southall town to the west and Hanwell to the east. It is built on land that was once part of Hanwell Asylum, now St. Bernard's Hospital which is run by West London Mental Health (NHS) Trust.

The population of the hospital's catchment area is over 300,000. The general hospital has around 358 beds, and employs about 1,620 staff.





## Geography



Location: Southall, Greater London, England United Kingdom

### Organisation

Care System	:	Public NHS
Hospital Type	:	District General
Affiliated University	:	Imperial College London

### Services

Emergency Department	:	Accident & Emergency
Beds	:	358

## History

**LOOK AFTER OUR NHS**  
Publicly funded | Publicly provided

Founded: 1992

Website: [www.lnwh.nhs.uk](http://www.lnwh.nhs.uk)



There have been various iterations of a hospital on the site since 1869.

Organisation name	Years active
Ealing Dispensary	1869–1871
Ealing Cottage Hospital and Provident Dispensary	1871–1911
King Edward Memorial Hospital and Provident Hospital	1911–1948
King Edward Memorial Hospital	1948–1978
Ealing District General Unit <sup>DGU</sup>	1979–1992
Ealing Hospital NHS Trust	1992 to 2014
Ealing Hospital, London North West Healthcare NHS Trust	2014-Current

The present Ealing District Hospital was built in the late 1970s and opened 5 November 1979. Occupying part of [St. Bernard's Hospital](#) former grounds, the whole complex was renamed **Ealing Hospital**. At the same time, the King Edward Memorial was closed along with the nearby Hanwell Cottage Hospital in Green Lane and many of the services provided by the Southall-Norwood Hospital on The Green were transferred to the new hospital. With countless changes in government policy it has since split off the mental health services. It existed as an independent trust (since 1992), with the adjacent St. Bernard's Hospital regaining its old identity to provide mental health services once more.

## MERGER

In October 2014, as part of a drive towards [efficiency savings](#) in the NHS, Ealing Hospital NHS Trust merged with [The North West London Hospitals NHS Trust](#).<sup>[1]</sup> Ealing Hospital is undergoing a merger process that will see acute services distributed between itself, [Northwick Park](#) and St Mark's Hospital, and [Central Middlesex Hospital](#). It is anticipated that there will be a phased removal of acute care services from Ealing Hospital in the medium to long term, with discussions currently ongoing about the closure of maternity services.<sup>[2]</sup>

## HISTORY OF MATERNITY UNIT

The original NHS provision for births was [Perivale Maternity Hospital](#) [Perivale\[\]](#), [Greenford](#). With a total of 67 beds and ten cots in a special care baby unit, Ealing residents 'chose' to have 33.5% of their births here at a rate of 1,800 per annum. (Queen Charlotte's Hospital came second with 23.5%). Various working committees agreed that for various reasons it would be better to move the facilities at Perivale to a new maternity unit located on the same site as Ealing General. Thus, on 1 March 1985 a proposal was submitted outlining a number of options together with assessments of relative costs and benefits. The aim was for a 60 beds unit to be able to reach 2,500 deliveries per annum. The new Ealing Maternity Unit opened in March 1988 on the south-west corner of Ealing General. It is built on three levels and has two internal entrances granting direct accesses to the General wing. It underwent major refurbishment in 1996. The Unit now has 40 beds on the postnatal/antenatal wards. Labour Ward has 8 delivery rooms. Close by are 3 midwife delivery rooms. The Special Care Baby Unit has 15 cots and 5 mothers' beds. It is continuously at full capacity at about 2,800 deliveries per year.

## QUALITY OF CARE

In 2008 Ealing hospital trust was listed last out of the 165 trusts in England in a survey of patients' ratings of the level of care. Director of Nursing Paul Reeves said that the data was collected in August 2007 and the trust was addressing the issues with a series of action plans.

A 2008 report by the independent body Patient Environment Action Team (PEAT) gave Ealing Hospital NHS Trust an "excellent" rating for food, and a "good" score for hygiene. The PEAT inspection team is made up of NHS staff including nurses, doctors and service managers and public and patient representatives.

In 2008/09 Ealing Hospital did well in a Dr Foster patient safety enquiry achieving a band 4 - better than many other hospitals in the surrounding area. The hospital currently has an overall 2 star status.

In September 2014, following the closure of nearby Emergency Departments at Central Middlesex and Hammersmith Hospitals, there was a significant increase in pressure on surrounding departments, including at Ealing Hospital, where the percentage of patients being seen under 4 hours fell to 67.8%. An independent review is ongoing about the impact the decision to close these departments has had on emergency care in the North West London area.

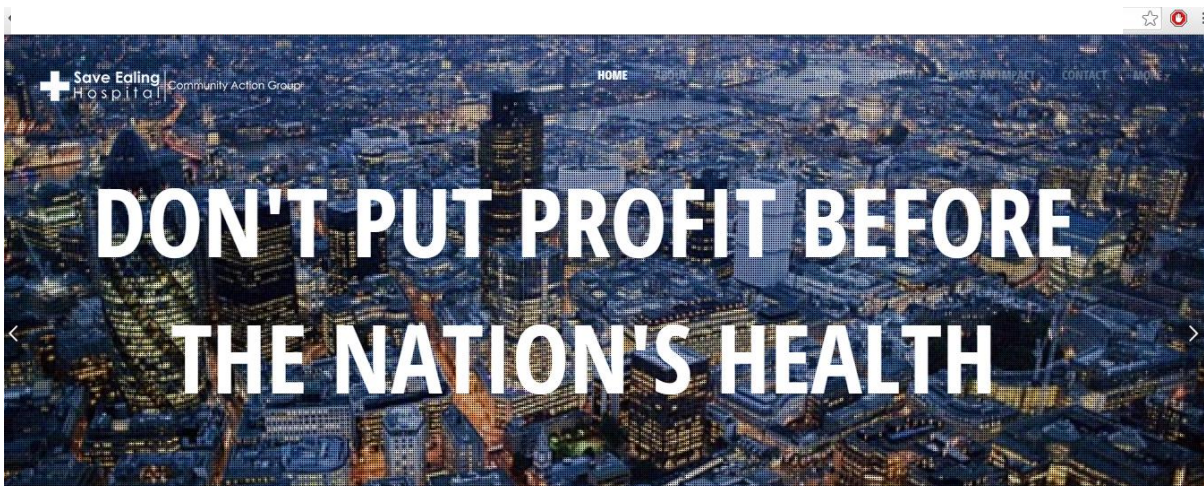
## DIRECTORATES

- Corporate
- Medicine and Accident & Emergency
- Surgery and critical care
- Women's and children's health

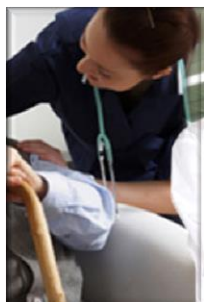
The Trust is governed by a Board of Executive and Non Executive Directors. The Chairman is Ian Green and the Chief Executive is Julie Lowe.

## PARTNERSHIPS

The hospital maintains an academic partnership with [Hammersmith Hospital \(NHS\) Trust](#) and [Moorfields Eye Hospital \(NHS\) Foundation Trust](#). On the same grounds is the Moorfields Eye Hospital Unit which serves as the local ophthalmic service.







**41,500 patients admitted to hospital every day in England - up nearly 13 per cent in five years**



**November 05, 2013: NHS hospitals dealt with 15.1 million admissions in 2012-13 - or about 41,500 admissions per day on average across England, new figures show.**

**\*HSCIC must be quoted as the source of these figures**

**\*Regional figures are available**

For admissions per day this is a 1.1 per cent rise on 2011-12 (15.0 million in total, or 41,000 per day) and a 12.7 per cent rise on 2007-08 (13.5 million, or 36,800 per day), according to the Health and Social Care Information Centre (HSCIC).

The hospital trusts with the greatest number of admissions in 2012-13 were Barts Health NHS Trust (237,500) University Hospitals of Leicester NHS Trust (222,200) and Heart of England NHS Foundation Trust (220,400).

Today's figures are part of an annual report using Hospital Episode Statistics (HES)<sup>5</sup>, which provide a breadth of information to a detailed level about NHS-commissioned hospital activity for inpatients. This includes trends over time for admissions, diagnoses and procedures.

## Key facts include:



The highest number of admissions by single diagnosis was for abdominal and pelvic pain where there were 289,700 admissions, a 2.1 per cent fall on the previous year where there were 296,000 admissions of this type.<sup>7</sup>



Hospitals dealt with 295,000 admissions that were wholly attributable to alcohol<sup>8</sup> - a 3.1 per cent (9,420) fall on 2011-12 (304,000).



There were just over 33,000 admissions for injuries caused by assault<sup>9</sup>, a fall of 14.8 per cent (5,730) on 2011-12 (39,000) admissions. The latest figures represent almost a quarter fewer admissions than in 2007-08 (43,000).



NHS hospitals carried out 7,980 bariatric procedures in treating obesity<sup>10</sup> - a fall of almost 10 per cent compared to 2011-12 (8,830). However the latest figure represents a 205 per cent rise on five years ago (2,620).

"Hospital Episode Statistics data provides a rich and detailed insight into secondary care. Our report shows how much the figures vary across different illnesses, injuries and treatment procedures."

Read the full report at <http://www.hscic.gov.uk/pubs/hes1213>

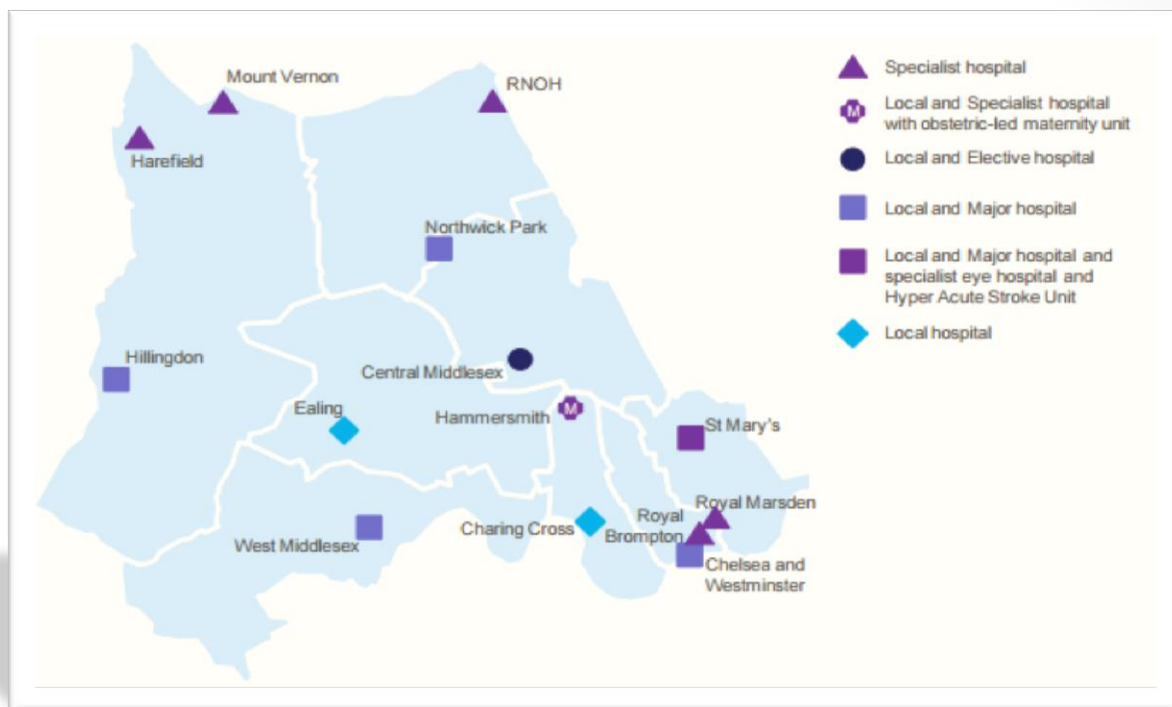
## NHS ACTIVITY

- The NHS deals with over 1 million patients every 36 hours.
- In 2013/14 there were 44 per cent more operations ('procedures and interventions' as defined by Hospital Episode Statistics, excluding diagnostic testing) completed by the NHS compared to 2003/04, with an increase from 6.712m to 9.672m.
- The total annual attendances at Accident & Emergency departments was 22.364m in 2014/15, 25 per cent higher than a decade earlier (17.837m).
- The 95 per cent standard to see patients within 4 hours of arrival at Accident & Emergency departments was achieved in 21 weeks during 2014.
- There were 15.462m total hospital admissions in 2013/14, 32 per cent more than a decade earlier (11.699m).
- The total number of outpatient attendances in 2013/14 was 82.060m, an increase of 8.8 per cent on the previous year (75.456m).
- In the year to September 2014, 418,661 NHS patients chose independent providers for their elective inpatient care. There were 688,977 referrals made by GPs to independent providers for outpatient care during the same period.
- There were 1.747m people in contact with specialist mental health services in 2013/14. 105,270 (6.0 per cent) spent time in hospital.
- There were 21.706m outpatient and community contacts arranged for mental health service users in 2013/14.
- 53,176 people were detained for more than 72 hours under the Mental Health Act in 2013/14.
- There were 3.140m category A calls (Red 1 and Red 2) that resulted in an emergency response in 2014/15, 9.3 per cent more than the previous year (2.872m).

- ❑ 71.9 per cent of Red 1 ambulance calls were responded to within eight minutes in 2014/15.
- ❑ There was an 18.5 per cent increase in emergency incidents between 2007/08 and 2012/13, reaching 6.89m in the latter year.
- ❑ At the end of April 2015, there were 3.026 million patients on the waiting list for treatment. 202,590 (6.7 per cent) had been waiting for longer than 18 weeks, compared to 188,774 (6.3 per cent) at the same point in 2014.
- ❑ Over the past three years the number of patients waiting longer than a year for treatment has declined from 4,213 in April 2012 to 411 in April 2015. In the same period, the number waiting in excess of 26 weeks has increased from 54,219 to 63,285.
- ❑ 87.5 per cent of people with admitted pathways (adjusted) were treated within 18 weeks of referral in April 2015, compared to 90.0 per cent a year earlier.
- ❑ 95.2 per cent of people with non-admitted pathways were treated or discharged within 18 weeks of referral in April 2015, compared to 96.3 per cent a year earlier.
- ❑ At the end of April 2015, 834,067 patients were on the waiting list for a diagnostic test. Of these, 2.0 per cent had been waiting in excess of six weeks.





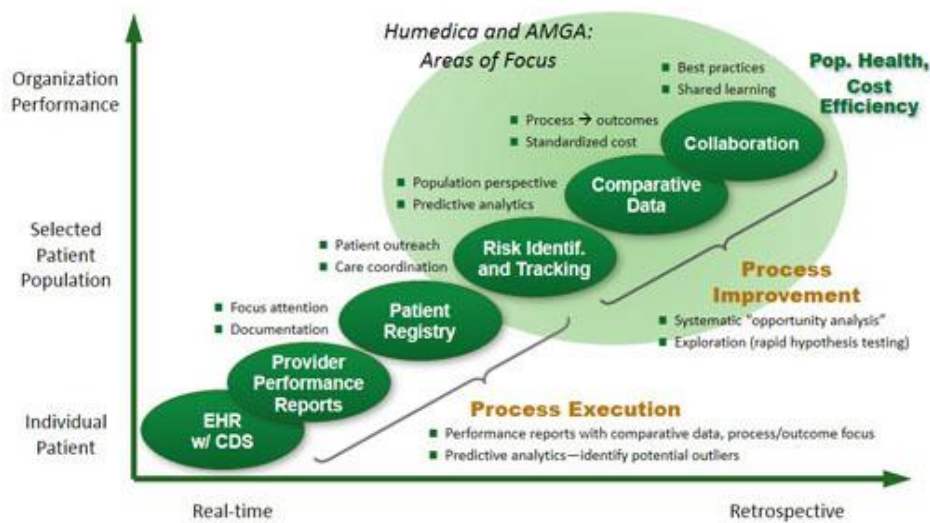


## HEALTH AND POPULATION

- ✚ Life expectancy for UK men in 2011-13: 78.9 years.
- ✚ Life expectancy for UK women in 2011-13: 82.7 years
- ✚ The UK population is projected to increase from an estimated 63.7 million in mid-2012 to 67.13 million by 2020 and 71.04 million by 2030.
- ✚ The UK population is expected to continue ageing, with the average age rising from 39.7 in 2012 to 42.8 by 2037.
- ✚ The number of people aged 65 and over is projected to increase from 10.84m in 2012 to 17.79m by 2037. As part of this growth, the number of over-85s is estimated to more than double from 1.44 million in 2012 to 3.64 million by 2037.
- ✚ The number of people of State Pension Age (SPA) in the UK exceeded the number of children for the first time in 2007 and by 2012 the disparity had reached 0.5 million. However the ONS currently projects that this situation will have reversed by 2018, with 0.3 million more children than those at SPA.

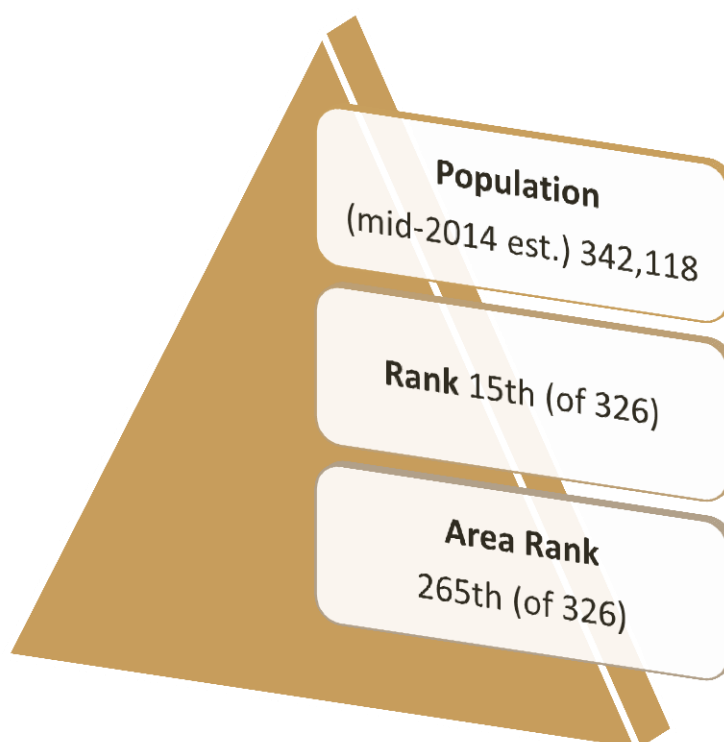
- ✚ There are an estimated 3.2 million people with diabetes in the UK (2013). This is predicted to reach 4 million by 2025.
- ✚ In England the proportion of men classified as obese increased from 13.2 per cent in 1993 to 26.0 per cent in 2013 (peak of 26.2 in 2010), and from 16.4 per cent to 23.8 per cent for women over the same timescale (peak of 26.1 in 2010).

## Tools for Improving Population Health



## EALING BOROUGH - ETHNICITY

30.4% White British	1.4% White & Asian	14.3% Indian	4.3% Pakistani
3.1% White Irish	1.3% Other Mixed	0.5% Bangladeshi	1.2% Chinese
1.2% White & Black Caribbean	2.9% Arab	3.1 Others	9.3% Other Asian
15.4% Other White	5.1% Black African	3.9% Black Caribbean	1.9% Other Black
0.6% White & Black African	0.1% White Gypsy or Irish Traveller		



# THE REINVENTION OF FAILURE



Existing health services are being deliberately destabilised to pave the way for an ideologically driven privatisation programme.

How is it that with spending on the NHS now running at double the level of 1997, the service is running into an autumn crisis, with debts totalling at least £750m, bed closures, theatres closed, services cut and estimates of 8,000 or more redundancies?

The answer lies in the breakneck process of "modernisation", under which existing services are being deliberately destabilised to establish a competitive market system incorporating for-profit private providers, in place of a planned system of public healthcare.

Under John Major the NHS was buying less than £200m worth of treatment from private hospitals a year. This will have increased 10-fold by 2007. Up to 15% of elective surgery will be hived off to private hospitals, leaving NHS trusts to cover the remainder.

Hospital buildings have also been privatised: private finance initiative schemes worth more than £5bn have been completed since 1997 or are being built, and another £12bn of projects are under negotiation - all of them locking trusts into costly, long-term leasehold deals.

But while New Labour ministers press relentlessly on, opposition is starting to coalesce. Last week in London a group of consultants, academics, MPs and



trade-union officials met to plan a **"save our NHS"**

coalition against these **"stealth reforms"**, which have little public support – a recent poll showed 89% against private provision of NHS care - and are little reported or discussed.

That is likely to change in the autumn as huge, unprecedented budget deficits - and cuts in services - begin to take shape alongside the new competitive health market.

Soon all patients must be allowed to **"choose and book"** elective treatment from a list including both NHS and private providers. Millions will be siphoned out of trust budgets into private-sector treatment centres: Brighton and Sussex University Hospitals NHS Trust stands to lose 85% of its elective orthopaedic work, worth £15m.

The attempt by the health secretary, Patricia Hewitt, to claim the mantle of Nye Bevan in her defence of New Labour's NHS reforms earlier this month - arguing that even Bevan "saw a role for the private sector" - should have drawn a gasp.

When Bevan nationalised the flagging network of voluntary and municipal hospitals in 1948 he made compromises that left some relics of the pre-NHS private sector intact - pay beds and private practice for consultants, and allowing GPs to remain as **"independent contractors"**.

But what for Bevan were concessions, to ensure the passage of ground-breaking changes, have for Hewitt become a point of principle. Billions are now diverted from NHS budgets to create a new, expanding private sector, which will now be free to poach staff from NHS hospitals.

Hewitt's first announcement in her new job was that another £3bn was to be spent on services exclusively from private providers - with NHS hospitals forbidden to bid. Two modern NHS treatment centres are to be privatised, reversing Bevan's modernisation. This is neither expanding capacity nor supporting patient choice, since existing high-quality NHS services will no longer be available in these areas.

Hewitt is also creating a new private sector in primary-care services, while GPs are encouraged to act more like businesses, and allowed to retain unspent surpluses from **"practice-based commissioning"**.

A survey of more than 40 countries shows that for 15 years England has gone furthest and fastest down the road of market-style reforms; but there is no evidence that these reforms improve efficiency or cut costs.

Thatcher's 1990s marketising reforms, by fragmenting the NHS into purchasers (health authorities and GP fundholders) and providers (trusts), massively increased administrative costs and boosted the number of senior managers. Throughout Europe and around the world, insurance-based systems with separate purchasers and providers cost more to administer than the NHS: admin costs in France and Germany are over 20% of health spending, while in the US almost a third of the \$1.4 trillion spent on health goes on administration.

New Labour came to office pledging to scrap the costly internal-market system, and began to do so - only to turn rapidly back towards the current policy, creating a market in which the NHS competes on unequal terms with a private sector free to cherry-pick the most profitable specialities and treatments.

NHS productivity has been hampered by soaring costs of goods and services from the private sector. For every £1 spent on NHS staff in 1995, according to the Office for National Statistics, 71p was spent on procurement of goods and services from the private sector; by 2003 the figure was £1.15 for every £1 on staff.

Hewitt's plans to spend billions on buying in treatment from private hospitals and treatment centres will therefore increase costs - just as private-sector care, especially for-profit care, costs more in almost every country where it is purchased alongside public provision.

New Labour's ideologically driven modernisation reinvents failed policies and ignores the evidence. Competition, which brought fragmentation, dislocation and widened inequalities under the Tories, is coming back as "payment by results" from next April; it is already destabilising local NHS hospitals, and will bring more closures. Foundation Trusts are failed experiments that were dropped in Spain, brought soaring debts in New Zealand, and led to outright privatisation in Stockholm.

In Britain, what is called modernisation has already increased costs and overheads, demoralised and alienated staff, undermined planning - and done nothing to ensure equal access to local care. It cannot continue to go unchallenged.



## Improving the Quality of Your Life @ Home



[www.saveealinghospital.com](http://www.saveealinghospital.com)

## AS DOCTORS, WE SEE THE CANCER THAT EATS AWAY AT THE NHS



The NHS is being  
privatised bit by bit,  
and patients are  
already suffering

**Jacky Davis**

Ill-equipped to compete in the increasingly cut-throat healthcare market, the NHS is now £140m in the red. A government that has done everything it can to expand the role of the private sector in the NHS is unlikely to bail hospitals out this time, and so this deficit will translate into hundreds of lost beds, and ward closures up and down the country.

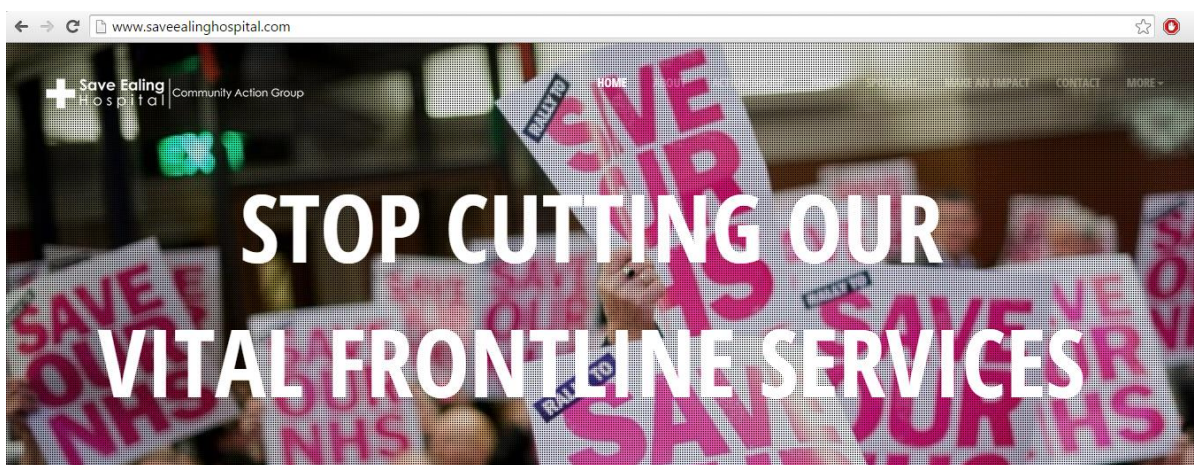
This desperate situation forms the backdrop to the British Medical Association's annual meeting, which begins in earnest in Manchester today. This year's agenda contains dozens of motions critical of the government's health policies, and one of the first topics up for debate will be privatisation. The government will be watching the outcome closely. The Association of Surgeons of Great Britain and Ireland has already come out strongly against private-sector involvement in the NHS. If the BMA votes against it too, a majority of medical opinion will have taken a stand against the main health policy of Blair's third term.

The government has sought to present greater private sector involvement in the health service as a means of creating additional capacity, but already it is apparent that this is not the real agenda. The private sector will not support the NHS but compete with it, and NHS units and hospitals that cannot compete will close. Independent sector treatment centres (ISTCs) will be introduced whether patients want them or not. Thus, when South Oxfordshire, Southampton and



Greater Manchester primary care trusts declined to place any contracts with the private sector, they were ordered to do so, even though they had no waiting lists in the specialties the private sector wanted to service. And when too few patients agreed to be treated at ISTCs in Trent and South Yorkshire, the PCT paid for "care advisers" to persuade them to change their minds.

Patient choice comes a poor second to government policy. ISTCs are paid on average 40% more than NHS providers. They are often guaranteed five- or 10-year contracts. They have no requirement to teach and train and they do not provide expensive emergency and high-dependency care. They mop up "easy" cases, leaving the difficult and more costly ones to the NHS. This has skewed the case-mix seen by the NHS and is affecting training in some specialties. And because fewer of the low-risk cases are being seen in NHS hospitals, young surgeons are no longer getting the training they need.



ISTCs have little responsibility for follow-up, and many cannot cope with complications. In some areas they are refusing to carry out procedures on up to 65% of the cases referred to them because they do not have the technological resources.

Standards are also an issue. Alliance Medical, with a five-year contract to provide £95m worth of MRI scans, was unable to register with the Healthcare Commission and as a consequence is not subject to NHS standards. Lewisham University Hospital cancelled referrals to its mobile MRI unit because of concerns about quality. It has since become apparent that scans were being sent abroad to be read, without any apparent clinical governance safeguards. Meanwhile, NHS hospital scanners remain idle for lack of funding.

Radiology is not the only area of concern. Dinesh Verma, medical director of Netcare Ophthalmology Chain UK, resigned over patient safety concerns in

mobile surgical treatment centres. Netcare, which has a five-year contract to provide 40,000 operations, was failing to ensure proper continuity of care and on-call cover.

Labour's professed desire for additional capacity sits oddly with its record on NHS beds. Since taking office it has closed 12,000, and the policy of favouring ISTCs has meant that closures are continuing at a dramatic pace. As Nigel Edwards, director of the NHS Confederation, has warned: "The removal of large amounts of elective work from existing hospitals can threaten the viability of the services that remain."

John Denham, the former Labour health minister, has echoed his concerns, highlighting the risk of "perverse outcomes ... if operations in private hospitals cost more than in NHS hospitals and the latter are closing their wards". As a result of budget deficits, hundreds of bed losses have been announced this month: 90 in West Hertfordshire; 200 in Leeds; 30 from the brand new PFI hospital, Queen Elizabeth Woolwich; ward closures in Kings Lynn ... the list goes on.

Of course, the government has an answer to all NHS objectors to the private sector. Government expenditure on the NHS is projected to rise from 7.7% of GDP in 2003 to 9.2% in 2008, or an extra £20bn a year by 2008 in real terms compared with 2004.

This largesse has allowed the government to portray itself as a friend of the NHS. The consequence is that there is less a debate than a stand-off between two compelling yet seemingly paradoxical propositions: "The government is rebuilding the NHS through an unprecedented expansion in funding" versus "the government is destroying the NHS through an unprecedented process of marketisation, privatisation and commercialisation".

Against this background, it is significant that the last time there was a comparable increase in spending on the NHS, in 1991, the extra money went to pay for the costs of the internal market.

Once again, much of the new spending is going to meet the costs involved in bringing in the private sector. Major additional transaction costs are involved, as they were in 1991. Money that should be spent on frontline care will be diverted to making and monitoring hundreds of thousands of contracts, billing for every treatment (to achieve "payment by results"), and paying for accounting, auditing, legal services and advertising - not to mention shareholders' profits.

The NHS chief executive, Nigel Crisp, has said that foundation trusts "should adopt the same marketing techniques as Tesco in their bids to win customers in the new choice-based NHS market". A special marketing advice agency, the Insight Unit,

has been set up in the Department of Health to give marketing advice, and plenty of companies are moving in to help trusts "profile" health "consumers". Hospitals will advertise for patients.

In 1997 the Labour party denounced PFI as creeping privatisation. They asked senior doctors to sign a letter in which they described the internal market as a cancer eating away at the NHS.

Doctors agreed and voted for them, and now we feel betrayed. We see hospitals closing wards and operating theatres. We see huge profits already going to PFI companies. We are not deceived by the rhetoric about patient choice and predict that patients may lose the one choice that is important - a good comprehensive local hospital.

In a system where, as a CEO recently told his managers, every part of the business must generate a surplus, patients will come second to profits. When the dictates of the market replace the public service ethos patients will suffer. If the government does not heed the doctors' warnings, the cancer they correctly diagnosed eight years ago will destroy the NHS.

## SAVE EALING HOSPITAL COMMUNITY ACTION GROUP

### CARING FOR THE GROWING NEEDS OF OUR COMMUNITY



## LEADERSHIP

	<b>Leader &amp; Cabinet - Cllr Julian Bell</b> <b>Chief Executive - Martin Smith (Labour)</b>
• <b>Mayor</b>	Cllr Tej Bagha
• <b>MPs</b>	Stephen Pound Rupa Huq Virendra Sharma
• <b>London Assembly</b>	Onkar Sahota AM for Ealing and Hillingdon
• <b>EU Parliament</b>	London



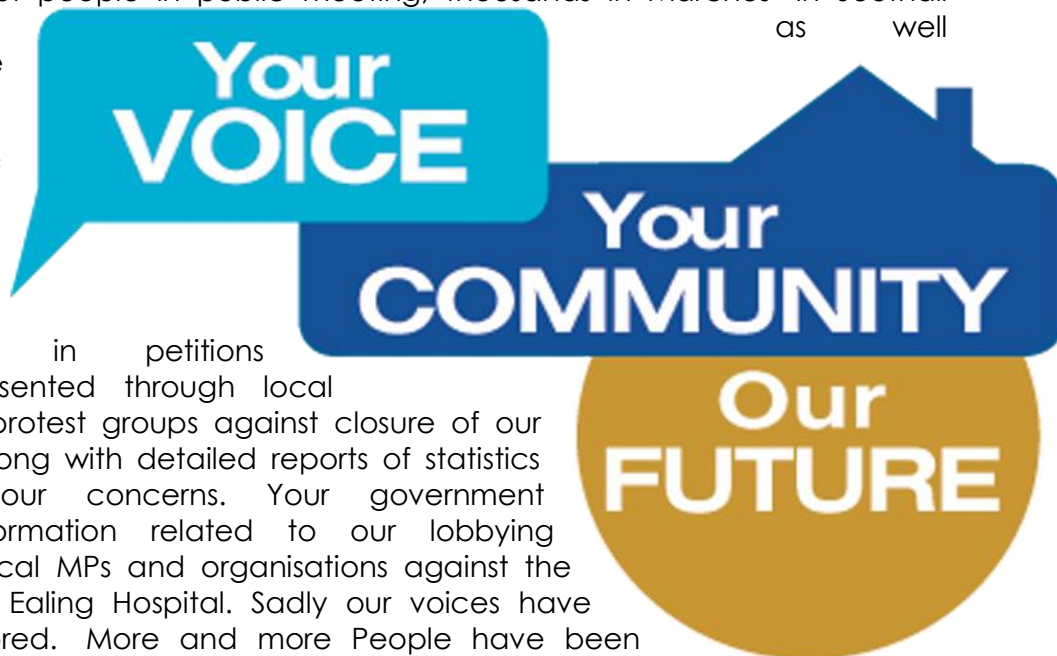


# EALING COMMUNITY VOICE

**O**ur community in Ealing - Southall is deeply angered by the decision to close the Maternity Wing, followed by Children's Ward and Accident and Emergency.

The community has protested through all possible means. These included hundreds of people in public meeting, thousands in Marches in Southall and Ealing as well as outside West

Minister,  
Tens of  
thousands  
of



signatures in petitions were presented through local MPs and protest groups against closure of our hospital along with detailed reports of statistics backing our concerns. Your government has the information related to our lobbying through local MPs and organisations against the closure of Ealing Hospital. Sadly our voices have been ignored. More and more People have been asking why are our voices are not been heard by the government. Where is the democracy?

The protests and petitions have now culminated in a peaceful occupation at the Maternity Wing Area as well as other forms of protests. The protests are growing and the anger is reaching boiling point amongst thousands of members of the community.

Repeatedly we have pointed out the dire consequences of the closure of the Maternity Wing and other parts to follow. Lives will be at risk and no figure can be put on the value of human life.



Expectant mothers have to travel long distances for the delivery of their babies and other services essential for mothers and children. More than 3000 babies are born in Ealing hospital and this number is expected to rise. It makes sense to keep it open rather than close it.



Our women are having to travel long distances to have a child. Hospitals as far as Northwick and Hillingdon are being suggested when mothers are demanding care and treatment at our local Hospital. They are demanding further investment for more improvement in maternity care and not closure of our only hospital in Ealing. The community is strongly united behind these just demands and human rights.



## NHS 65<sup>TH</sup> Birthday Celebration

### NHS Fraud and Error “Costing the UK £7bn a YEAR”

2013-NHS Protect with Its Local Investigators  
Oversaw nearly 150 Successful Criminal Cases.

There were also 435 Civil or Internal Disciplinary  
Actions. But this is likely to be the Tip of the ICEBERG.

[www.saveealinghospital.com](http://www.saveealinghospital.com)

## Our Vision

*We work to improve the lives of individuals, local communities and the humanity at large*

*We are committed to a dynamic and innovative Role Model Community*

**E**veryone has greater control of their health facilities and community wellbeing, supported to live longer, respect, humanity, harmony, peace, tranquillity, healthier lives by 5 Star services and high quality health and care services that are compassionate, inclusive and constantly-improving decrease patient waiting time

**“Working towards sustainable community future”**



*We have community service track record, common definition of high quality community matters care safeguard community common interest build effective and positive patient and whole community experience*

*We tackle inequalities, we listen, we are open and transparent and we work together with community, patients, the public. Leaders, political parties, businesses, key players, professionals, journalists, media, trade union, organisations and institutes...*

[www.saveealinghospital.com](http://www.saveealinghospital.com)

## The NHS: Blinded By LOVE



### WHAT £21BN COULD BUY...

**778** Lynx Wildcat helicopters to support British troops on the frontline, costing £27million each

**840m** tons of rock salt to grit British roads

**1,050** secondary schools at a cost of £20million per building

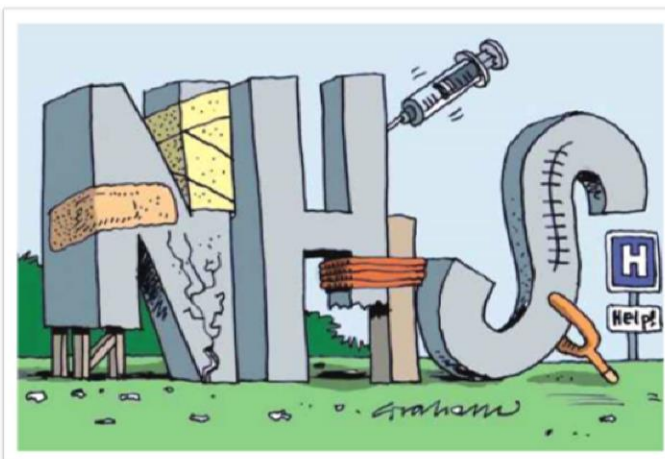
**70** new hospitals at £300million each

**995,000** newly qualified teachers' wages for one year

**1.6m** potholes on the roads in England and Wales repaired - twice over

**27** new Wembley Stadiums at a cost of £757million each

**262** £80m footballers like Cristiano Ronaldo



[www.saveealinghospital.com](http://www.saveealinghospital.com)



# NHS PROCTOLOGY

ourNHS  
*our future*

The NHS is the best healthcare system in the world,  
and the private NHS system the worst, says  
International Panel of Experts

How come we don't get told this by our Government,  
given they keep telling us we're the Global Leader in  
Banking...

...thanks to our WORLD beating annual £50bn+  
Taxpayer subsidy of our Banks

They keep telling us we're the Global Centre for  
locating Big Corporates and the Super Rich...

...thanks to OUR Generously "Competitive" Top Tax  
Rates and "DEALS"

NO, all we're told is the NHS must cut £20bn through  
"Efficiency Savings". Eh?!..

The NHS costs £2000 Per head, lower than Canada,  
France, Germany, Sweden... All bar New Zealand

It's cuts for cuts sake. Need more proof? Shhhh! We  
know where David Cameron plucked that £20bn  
figure from...

[www.saveealinghospital.com](http://www.saveealinghospital.com)

Save Ealing Hospital Community Action Group

**W**e, the representatives of faith groups and community organisations, urge your government to listen to the voices of our community. We note that in May 2011, when you came to visit Ealing hospital, you promised our community that you will listen to them. We hope you will listen to the voices of our community and take immediate action to reverse the decisions taken and restore Ealing Hospital with all services, even better than before.

## Population



Ealing is the third largest of London's 32 boroughs in terms of population, after Barnet and Croydon. It is 11th largest in London in terms of area.

Ealing's population is estimated to be 318,500 as of mid-2010, according to the Office for National Statistics. This represents an increase of 0.6% over the mid-2009 population of 316,600. Ealing's population increased by 3.6% between 2001-10 and by 6% between 1991-2001. Like most London boroughs, Ealing has a mix of residents of different ages and people of different backgrounds, and with different beliefs and values.

Ealing is comprised of 23 wards each with an average of 13,800 residents; East Acton is the most populated with around 15,800 residents, but since the ward covers a large geographical area residents in East Acton also enjoy living in one of the least densely populated areas of the borough.<sup>1</sup>



<sup>1</sup> 2008 and 2010, Office for National Statistics (ONS); 2007 and 2009 Mid-year ward population estimates



Ward Population ONS mid-year estimates 2010

Ward	2010	%
Borough Total	318,500	100
Acton Central	14,643	4.6
Cleveland	13,795	4.3
Dormers Wells	13,275	4.2
Ealing Broadway	12,288	3.9
Ealing Common	13,312	4.2
East Acton	16,318	5.1
Elthorne	13,129	4.1
Greenford Broadway	15,966	5.0
Greenford Green	13,175	4.1
Hanger Hill	14,216	4.5
Hobbayne	13,439	4.2
Lady Margaret	13,425	4.2
North Greenford	12,861	4.0
Northfield	13,435	4.2
Northolt Mandeville	13,799	4.3
Northolt West End	14,123	4.4
Norwood Green	13,015	4.1
Perivale	13,912	4.4
South Acton	15,932	5.0
Southall Broadway	13,892	4.4
Southall Green	14,895	4.7
Southfield	13,661	4.3
Walpole	12,010	3.8
Average	13,800	4.3

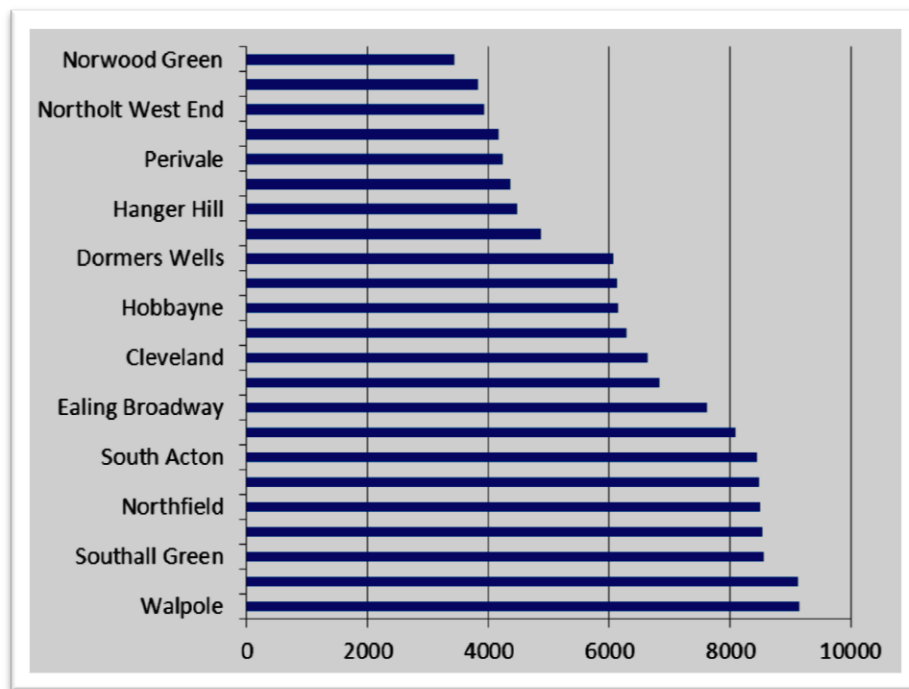
## Population Density

There are 57 residents per hectare in Ealing, which is 8 people more per hectare than the London average, and 20 people more per hectare than the Outer London average<sup>2</sup>. Density varies hugely between wards. To some extent population density in Ealing reflects the location of high-rise flats.

As the population increases, population density increases too. Projections indicate an increase of 9 residents per hectare for Ealing between 2011 and 2026, bringing the density to 66 people per hectare<sup>3</sup>.

The following chart shows the population density of different wards in Ealing in 2011 (persons per square kilometre)<sup>4</sup>.

**Population density of Ealing Wards, 2010**



<sup>2</sup> Land area and population density, ONS, 2009

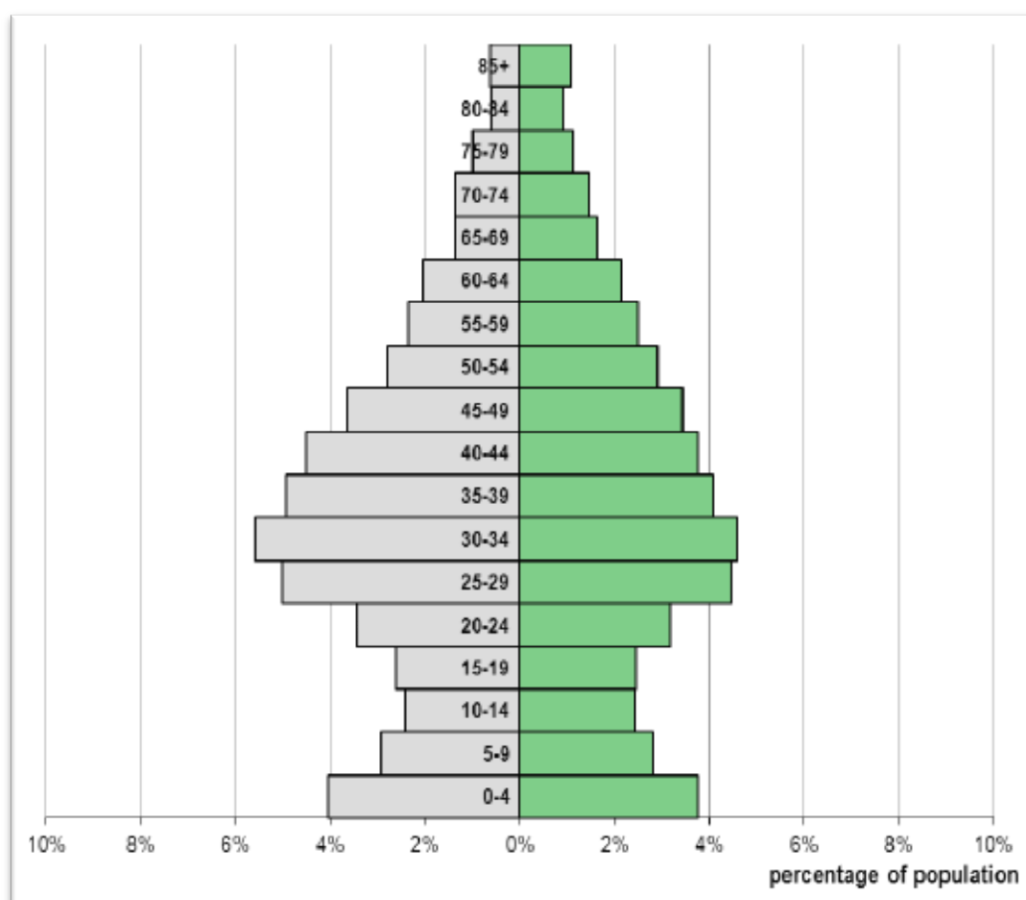
<sup>3</sup> GLA 2011-round SHLAA based population projections

<sup>4</sup> GLA 2010-round SHLAA based population projections

# Age Structure



Like the rest of London, Ealing has more people of working age than the UK as a whole, and fewer older people. The population pyramid below shows the overall structure of Ealing's population in 2010, by male and female population.



The proportion of older people, working age and children and young people residing in Ealing borough is currently estimated to be very much in line with that of Outer London, with differences below 1%. However, by 2031 Ealing is expected to have proportionally fewer working age people than Outer London as a whole<sup>5</sup>.

Over the next 20 years, Ealing's working age population is projected to decrease from 63.7% to 59.2%<sup>6</sup>. The proportion of people of retirement age in Ealing is projected to increase from 13.7% in 2010 to 16.8% in 2031<sup>7</sup>.

The proportion of children (0-15 years) will increase from 22.2% in 2010 to 24.0% in 2031. Meanwhile, age distribution across Greater London is expected to incur smaller changes.



5 GLA 2011-round population projections, released January 2012

6 Op cit.

7 Op cit.

## Dependency Ratio

This compares the number of people younger than 16 and the number of people of retirement age against the number of working age people. The ratio is important because as it increases, there is increased strain on the productive part of the population to support the economically dependent. A ratio of '1:1' would indicate the same number of people of working age as dependents. Low numbers of dependents are considered economically desirable.

In Ealing there are currently 51 dependent people to every 100 working age people (aged 16-64 years). This is higher than London's where there are 46 dependants to every 100 working age people<sup>8</sup>. However, over time this difference is going to increase. By 2031, while London is anticipated to have a dependency ratio of 53 people to every 100 working age people, Ealing's figure will reach 629.

By 2031, Ealing will have fewer working age people and a higher proportion of dependants.

## Population Estimates

Population estimates take into account birth and death registrations, and long-term international migration. They use GP registrations to proxy for changes of residence within the UK. Levels of international migration are estimated from the International Passenger Survey, the Labour Force Survey and Home Office data on asylum seekers and their dependants.

The table below shows the various 'components of population change from 2002 to 2010. Note that these are only estimates and not accurate numbers from actual records.

<sup>8</sup> 2012, GLA 2011-round SHLAA based population projections

<sup>9</sup> Op cit.



**Components of Population Change in Ealing: 2002-10**

Year	Live births	Deaths	Natural change	Net migration & other changes	Total change
<b>2002</b>	4,300	2,200	2,100	-1,400	700
<b>2003</b>	4,500	2,200	2,300	-4,700	-2,400
<b>2004</b>	4,600	2,100	2,500	-1,700	800
<b>2005</b>	4,800	2,100	2,700	-1,700	1,000
<b>2006</b>	5,000	2,000	3,000	-2,100	1,000
<b>2007</b>	5,200	1,900	3,300	-2,500	800
<b>2008</b>	5,600	1,900	3,700	-700	3,100
<b>2009</b>	5,500	1,900	3,600	900	4,500
<b>2010</b>	5,700	1,900	3,800	-1,900	1,900

It is clear from the above table that birth rate in Ealing has been constantly on the rise. There was a 33% increase in the number of births in 2010 as compared to the number in 2002. On the other hand, death rate fell by 14% during the same period. The trend is expected to continue.

Net population change, however, shows an irregular pattern; although the overall population has increased in most years, the amount of increase has been inconsistent.

## Population Projections

Future population projections are done by the ONS as well as, in case of London, by the Greater London Authority (GLA).

The following table shows the latest rounds of population projections for Ealing from the two bodies. The difference between the two sets of figures is quite high, mainly because the two projections have been done using different methodologies and incorporating different sources of data. While the ONS 2008-based projections have been carried out using an older

methodology to estimate long-term international migration, the GLA projections have incorporated ONS' latest migration calculation methodology as well as development data from the London Development Database (LDD) and Strategic Housing Land Availability Assessment (SHLAA). This makes the latter projections more accurate than the former. However, ONS will be releasing the 2010-based population projections in March 2012.

#### Population projections for Ealing: 2011-31

Year	ONS 2010-based subnational population projections <sup>10</sup>	GLA 2011-round SHLAA based population projections <sup>11</sup>	Difference
2011	323,500	330,200	6,700
2012	327,700	333,300	5,600
2013	331,900	336,500	4,500
2014	336,000	339,600	3,600
2015	340,000	342,800	2,700
2016	343,800	345,900	2,100
2017	347,500	347,800	300
2018	351,000	349,700	-1,300
2019	354,500	351,700	-2,900
2020	357,900	353,600	-4,400
2021	361,200	355,500	-5,800
2022	364,300	357,200	-7,200
2023	367,300	358,900	-8,500
2024	370,200	360,500	-9,700
2025	372,900	362,200	-10,800
2026	375,600	363,800	-11,800
2027	378,200	364,600	-13,600
2028	380,700	365,400	-15,300
2029	383,300	366,200	-17,100
2030	385,800	367,000	-18,800
2031	388,300	367,800	-20,600

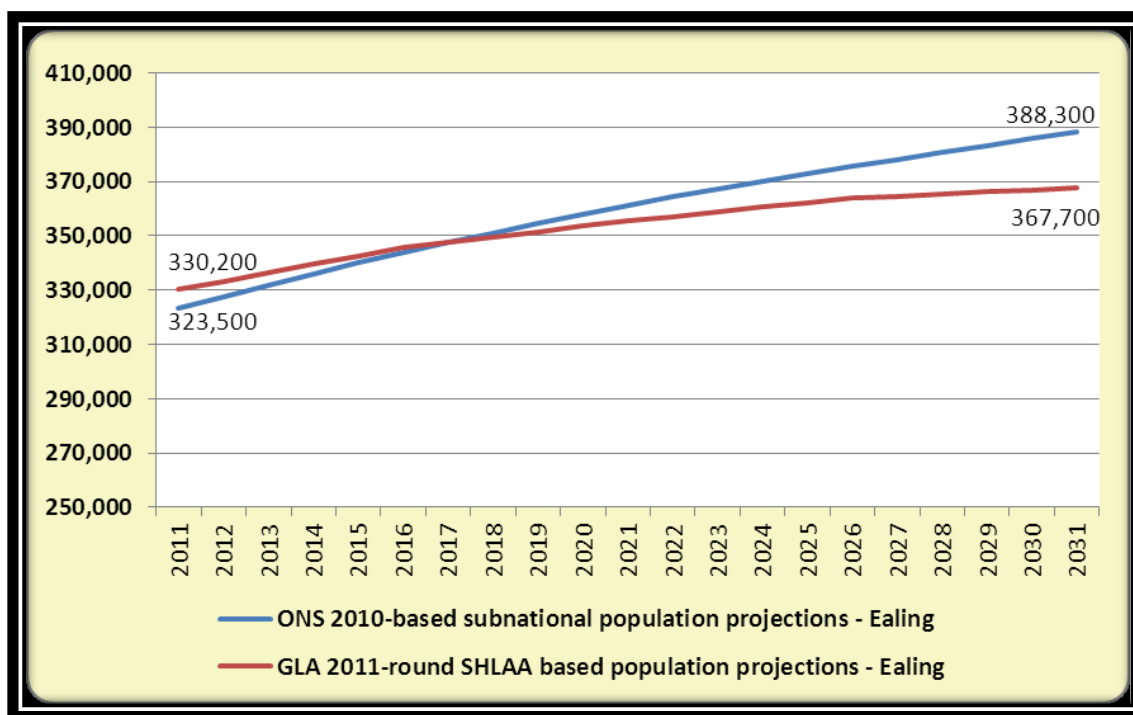
<sup>10</sup> Subnational population projections, 2010-based projections, ONS, 2012;

<http://www.ons.gov.uk/ons/taxonomy/index.html?nscl=Population+Projections>

<sup>11</sup> GLA 2011-round SHLAA-based population projections – standard fertility; Feb 2012 <http://data.london.gov.uk/datastore>

From Table it is clear that the borough's population is set to rise substantially, whichever projection model is considered. GLA's projections show that Ealing's population will rise to 367,700 in 2031 – an increase of 11% over two decades, whereas the ONS believes the population will reach 388,300 in 2031 – a 20% increase over the same period (figure 3). This is because the GLA's projection model expects the fertility rate to be on the rise for the future few years and then taper off, whereas ONS calculations are based on a constant rise in fertility rates.

Population of Ealing according to ONS and GLA projections: 2011-31



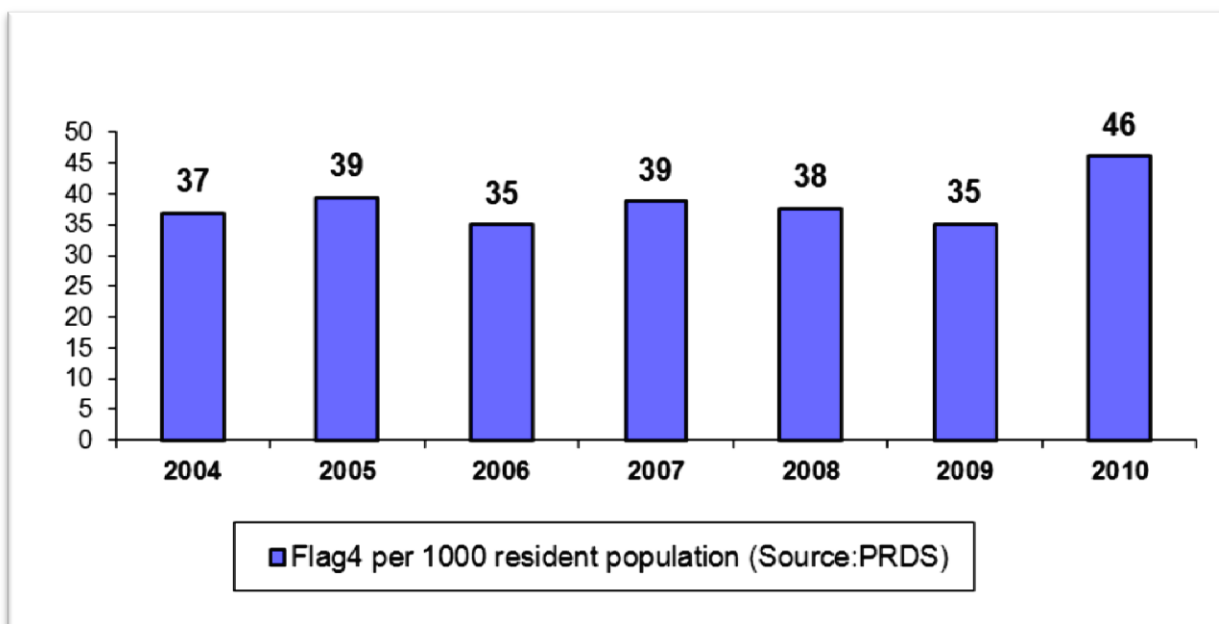
Caution must however be used while using these projections as they are based on the assumption that predictions about future migration, fertility and mortality will be realised. Projections for the next few years are always more accurate than those further into the future.

# International Migration

**E**aling has a very mobile population and evidence from patient registrations at GP practices (Flag 4: indicating a patient with a non-UK country of birth) and National Insurance Number (NINo) Registrations<sup>12</sup> 2004-2010 consistently show Ealing to have a high level of international migration in London. Figure 3 shows the number of Ealing residents born outside UK per thousand population of the borough. In 2010, there were 14,692 new patients registered with a Flag4 – taking the rate to 46 non-UK born patients for every thousand of Ealing's population (318,500 as per ONS mid-year estimates for 2010).

**New patients with non-UK country of birth per thousand resident population, Ealing: 2004-10**

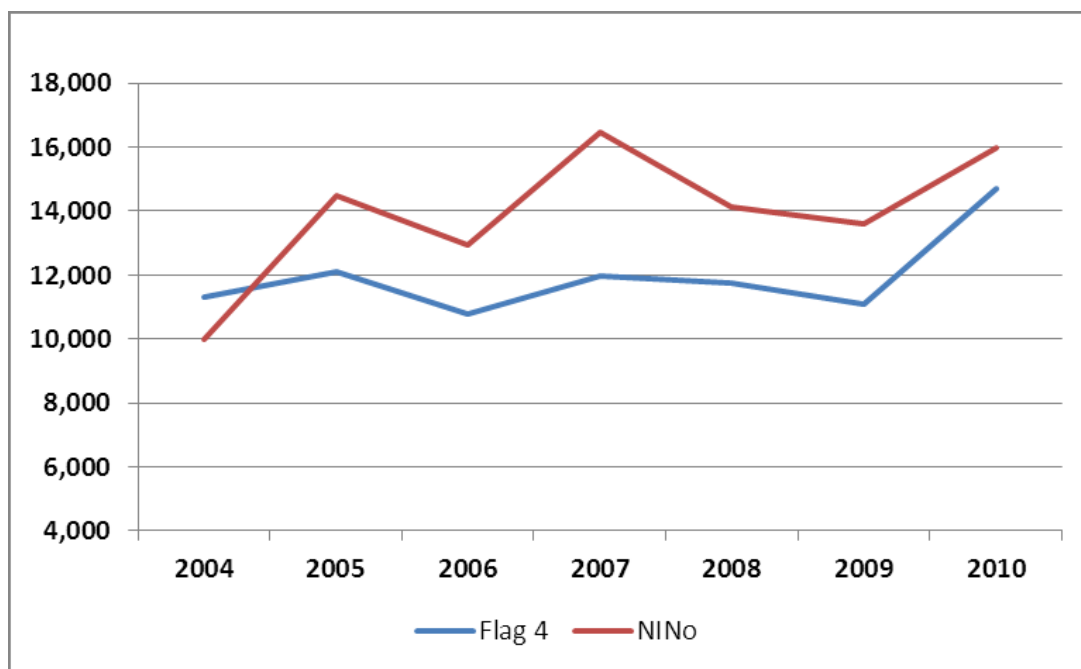
## NEW PATIENTS WITH NON-UK COUNTRY OF BIRTH PER THOUSAND RESIDENT POPULATION, EALING: 2004-10



<sup>12</sup> Local area migration indicators, 2011, ONS

Similarly, Figure shows new national insurance number as well as Flag 4 registrations in Ealing between 2004 and 2010. It is clear that both these indicators have shown an upward trend over the last few years, with NINO figures rising more than Flag 4. The spikes in 2005 and 2007 could be attributed to new countries joining the European Union in 2004 and 2007.

**Flag4 and NINO Registrations in Ealing: 2004-10**



International migration to the borough has been consistently higher than that to London overall. Figure shows the international migration turnover per thousand population in London and Ealing from 2004-10. The rate in Ealing has dropped from 50 per thousand population in 2004 to 46 in 2010. Similarly the London rate has dropped slightly from 37 per thousand in 2004 to 36 in 2010<sup>13</sup>.

<sup>13</sup> Local area migration indicators, 2011, ONS



**Projected proportions of ethnic groups in Ealing, 2011-31**

	2011	2021	2031
White	53%	50%	48%
Black Caribbean	4%	4%	4%
Black African	4%	3%	3%
Black Other	2%	2%	3%
Indian	15%	15%	15%
Pakistani	4%	5%	5%
Bangladeshi	0%	1%	1%
Chinese	2%	2%	2%
Other Asian	6%	6%	6%
Other	10%	13%	14%

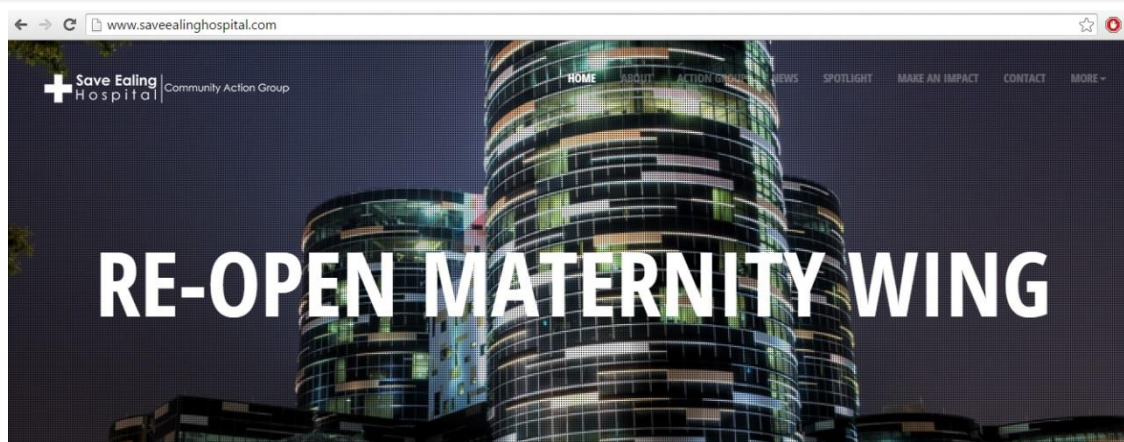
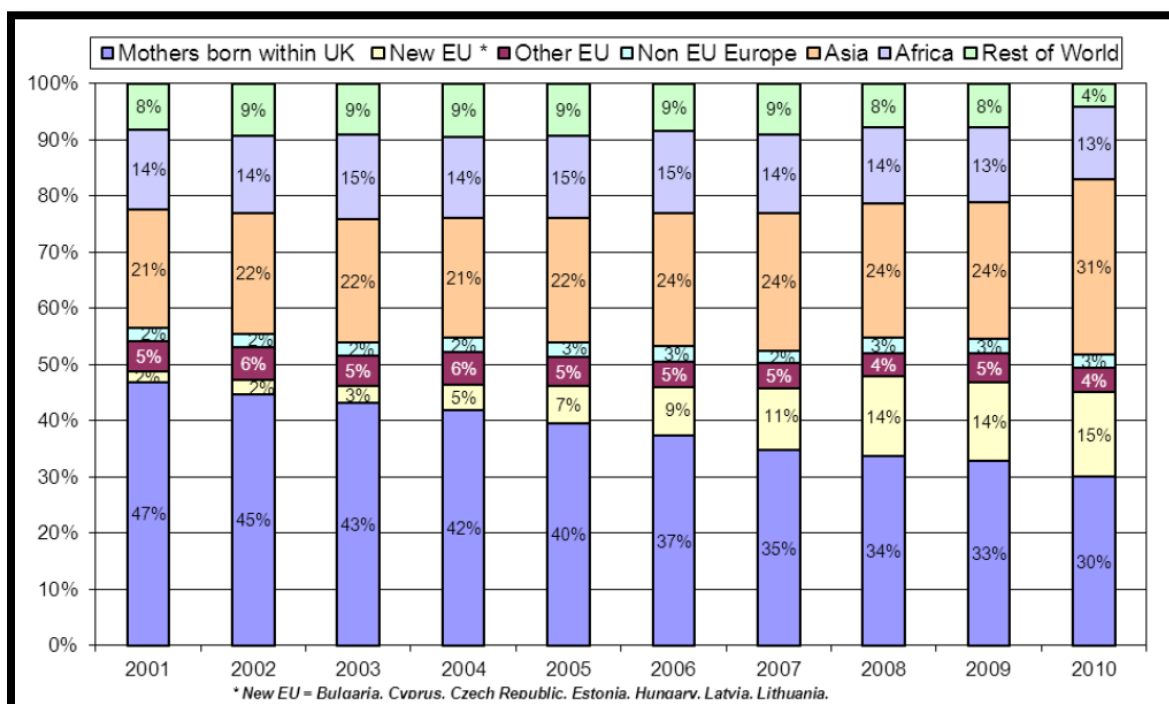
## PROFILE OF BIRTHS IN EALING

**D**uring 2001-10, mothers from a large number of countries gave birth in Ealing.

There have been large increases in the number of births particularly to Polish mothers but also Afghani and Sri Lankan mothers between 2001 and 2010. Table overleaf depicts country of birth information for mothers giving birth in Ealing in 2010.

**I**n total 4099 (70%) of the births in Ealing in 2010 were to mothers born outside of the UK. The only boroughs in the UK with higher proportions are Kensington & Chelsea (71%), Westminster (73%), Brent (74%) and Newham (76%).

The number of births born to mothers from the new EU countries continues to rise and was 878 in 2010 - 10 times what it was in 2001 and up a further 90 since 2009. Births to mothers from new EU countries now make up 15% of all births in Ealing (Figure).



15 GLA ethnic group projections 2011 round, SHLAA, borough - standard fertility; March 2012;

<http://data.london.gov.uk/datastore/package/gla-ethnic-group-projections-2011-round-shlaa-borough-standard-fertility>

# SAVE EALING HOSPITAL



## COMMUNITY ACTION GROUP

### CHANGING THE WAY YOU RECEIVE HEALTHCARE



[WhatYouCanDo:]

- **Be a part of Save Ealing Hospital Community Group Action**
- Write to your MP, Prime Minister, Health Minister, Mayor, Councillor, Key Players, Healthwatch, Media, Newspapers etc - Get your families, friends, work colleagues, key players, local businesses, community organisations, religious institutes, trade union branch, pensioners group, community organisation or hospital campaign to join up, too, and make a donation to kick off a local campaign.
- Set up a local meeting to bring together campaigners to defend your local services.
- **Make a donation to the campaign.**
- Lobby local MPs, councillors and NHS organisations demanding a halt to cuts, privatisation and commercialisation of health care
- Build a public event - contact us for a list of possible speakers.

**Save Our NHS – Join Us Save Ealing Hospital Community Action Group**

More details please visit:

**[www.saveealinghospital.com](http://www.saveealinghospital.com)**



# SAVE EALING HOSPITAL



**COMMUNITY ACTION GROUP**



## NHS - A FAMILY OF HOSPITALS FOR YOUR FAMILY

**RE- OPEN MATERNITY WING**  
**STOP CLOSURE OF**  
**CHILDRENS WARD &**  
**ACCIDENT/EMERGENCY**  
**SAVE OUR NHS - STOP PRIVATISATION**



# BECAUSE YOUR LIFE MATTERS



### Save Ealing Hospital Community Action Group comprises of:

Gurdwara Sri Guru Singh Sabha (Southall), Gurdwara Miri Piri, Sikh Missionary Society, Gurdwara Nanak Darbar, Shree Ram Mandhir Ramgharia Sabha, Shri Guru Ravidass Temple, Indian Workers Association, Pakistan Workers Association, Friends of CPI, Vishwa Hindu Kendra, Abubakar Mosque, Central Jamia Masjid, Jamia Masjid Islamic Centre, West London Mosque Forum, Darrussalam Masjid, Social Welfare Society for Women, West London Youth Organisation, Young Fellows Association of UK, Southall Churches, Trade Unions, Businesses, Schools, Colleges, Universities, Teachers, Doctors (GPs), Professionals, Social Workers, Civil Servants, Media, Community Members, Leaders & Community Organisations

**Save Our NHS – Join Us Sign Petition Save Ealing Hospital Community  
Action Group for More details please visit:**

**[www.saveealinghospital.com](http://www.saveealinghospital.com)**



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Address: Save Ealing Hospital Community Action Group  
253-255 The Broadway Southall Middlesex UB1 1NP

# SHE-CAG *Road Show*

















**△ DGU:** This period has gone on to sometimes cause confusion. Owing to the government edict of the day that local psychiatric and maternity services were to be viewed and treated no differently from any other parts of the health service, they demanded that these services to be combined with the services provided by district hospitals. Hence, it became the 'General Unit.' During this time: St. Bernard's Hospital, the (then new) John Conolly Wing and Max Glatt Unit became collectively known as the 'Psychiatric Unit'. The whole complex was called 'Ealing Hospital'. This situation remained until the 'General Unit' and Maternity Unit administration split away to become the Ealing Hospital (NHS) Trust. For some years afterwards, such functions as site care and maintenance was still under the direction of the psychiatric services trusts of St Bernard's Hospital until the new Ealing Hospital NHS Trust started to prepare for Foundation status and became fully autonomous. This confusion has resulted in television crews pointing their cameras at the wrong buildings and delivery vans and juggernauts - having see the sign for St Bernard's 'wing' - going round and round looking for St. Bernard's Main Hospital block but in the adjacent housing estate just to the west.

**△ Perivale:** Originally opened 1948 as Perivale Maternity Home, the site eventually had 166 homes built upon it - Notting Hill Housing Trust.





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