Lewisham Healthcare NHS Trust

Response to the Draft Report of the Office of the Trust Special Administrator for South London Healthcare NHS Trust:

“Securing Sustainable NHS Services”

Lewisham Healthcare NHS Trust Board

12/12/2012

Executive Summary

We provide essential healthcare for a deprived and ethnically diverse local population

Lewisham Healthcare NHS Trust sits at the heart of a local community that is ethnically diverse and includes some of the most deprived areas in the UK. The 2nd most deprived[1] of the six south east London boroughs, Lewisham has high levels of morbidity and premature mortality. An integrated Trust, working in close collaboration with our local partners, we provide a broad portfolio of high quality acute and community services from a wide range of locations across Lewisham to meet the specific needs of this population. A full emergency service and local maternity and children's services, that are easily accessible via public transport, are at the core of what we provide for local people.

We are extremely proud of our excellent record of improving care and meeting targets

Our Trust has an excellent record of improving care whilst meeting clinical and financial targets. We are extremely proud of this. Building on this record, we have been able to actively pursue our Foundation Trust (FT) application. Following successful completion of extensive external assessments and, in advance of this process, our FT application was approved by NHS London and submitted to the Department of Health in June 2012.

We believe the TSA's recommendations will result in worse health care for local people

We now find ourselves faced with hastily developed draft recommendations which, if implemented, will adversely impact the health of local people. We believe a Health and Equalities Impact Assessment will show that the TSA's recommendations will result in worse, not better, care for the people of Lewisham. However, this Assessment has not yet been completed and its absence is a major weakness of the TSA's report.

We have major concerns about the TSA process and the perceived lack of transparency

We have major concerns about the TSA process which we understand to be unprecedented in its scale, complexity and condensed timescale. We are concerned about the perceived lack of transparency. We have experienced persistent issues around the timely availability of relevant data and supporting analyses to underpin the TSA's recommendations. We have, as a result, not been able to perform a meaningful review or validation of the financial information included within the TSA's draft report.

Our clinicians tell us they have been engaged in the TSA process but not listened to

The TSA has portrayed the process as having had extensive involvement and 'engagement' of local clinicians, commissioners and other professionals. We have listened to our clinicians, local GPs, commissioners and other local partners and they have consistently told us that, although they have been involved in the process, they do not feel they have been listened to. They do not agree that there is unanimous support within the TSA working groups for the recommendations included within the draft report.

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[1] Appendix H, Health and Equalities Impact Assessment Scoping Report, Section 3.1 – Rank of Deprivation Out of 326 LAs: Lambeth 14th, **Lewisham 16th**, Greenwich 19th, Southwark 25th, Bexley 180th, Bromley 217th.

We accept difficult decisions need to be taken given the challenging environment

We acknowledge the financial challenges facing the NHS, locally and nationally, and we recognise the need to respond effectively to these challenges. We also acknowledge the development of increasingly demanding clinical regulatory standards and recognise that all providers will be required to meet these. We accept that difficult decisions need to be taken and will not shy away from these.

We support the proposal to merge our Trust with Queen Elizabeth Hospital

We support the proposal to merge Lewisham Healthcare NHS Trust (LHT) with Queen Elizabeth Hospital (QEH). We believe that together we would be better able to improve services and respond to, and meet, future regulatory and financial challenges. However, we have not, as yet, been given access to the necessary information to enable us to form a view as to the future financial viability of the new organisation. The agreement of an appropriate level of transitional funding will be critical to ensure the financial stability of the new organisation.

But we do not believe a prescriptive approach to service change is the right one

We do not believe the prescriptive approach to service change adopted by the TSA to be the pathway to successful merger. Research, confirmed by our own experience of merging acute and community services, shows that, for benefits to be realised, proposals for service change must be developed and owned by those responsible for their implementation. The TSA's report refers to the strong leadership team at Lewisham with the 'experience to set up the new organisation and improve care for patients'. We recommend that this team - working closely with patients, local people, GPs, partners, clinical commissioners and staff - should retain the ability to decide what is necessary to ensure the long term clinical and financial sustainability of the new organisation.

We do not support the detailed and specific service transformation recommendations

We do not believe there is a convincing case for the radical changes proposed by the TSA to the shape of clinical services provided in Lewisham. We are not convinced that the quality of services provided for the people of Lewisham would be maintained, never mind improved, from the implementation of the proposed changes.

The problem that the TSA was brought into resolve was a long-standing financial one related to the ongoing under-performance of South London Healthcare Trust (SLHT). LHT is not formally part of the Unsustainable Provider Regime yet the most significant impacts of the TSA recommendations appear to fall upon our Trust and not on SLHT. We are concerned that implementation of the TSA's recommendations, which have been hastily developed and which are not supported by a robust analytical and evidence base, may simply shift, or potentially amplify, the financial problem rather than solve it.

We have major concerns about the deliverability of the Community Based Care Strategy

The Community Based Care Strategy is a critical element that underpins the TSA's proposals to transform services and which must be delivered before changes in hospital care can be made. Whilst we support the aspirations of the strategy, the lack of supporting evidence or detailed plans underpinning its implementation, give rise to major concerns with regard to its deliverability. We have major doubts as to whether the TSA's

very ambitious assumptions to reduce demand for secondary care will be delivered in the timescale or whether they will ever be delivered in full. Based on early information shared with us by the TSA team[2], we understand this to be in the order of 30% over the next five years. We would wish to see, in the TSA's final report, milestones that will need to be met in the shift of care to the community before acute care changes can take place.

We do not support the shift of emergency services away from Lewisham

We do not support the shift of emergency care services away from Lewisham which we believe will disproportionately impact access to emergency and critical care services for Lewisham people. Many of those impacted live in deprived areas and, without a car, are dependent on public transport links to access services. We believe the model proposed by the TSA, if implemented in the timescales outlined, would put at risk the safety of patients and lead to greater fragmentation of care especially for patients with complex needs, particularly the frail elderly, those with long term conditions and sick children.

There is an extraordinary lack of attention to children's services in the TSA's report

The failure of the TSA's draft report to identify or mention the implications of his proposals for children's services is a grave omission and a significant concern. There are no specific recommendations for children's services in the TSA report and we are, therefore, unable to comment on specific recommendations. However, it is hard to conceive how a Children's Emergency Department could remain on the site if the proposals for adult services are implemented and this appears to be what the TSA has assumed[3], but not explained, within his report. If children's services are compromised by the TSA's proposals this will have happened without public consultation.

We strongly believe obstetric-led maternity services should be provided in Lewisham

Maternity services are an essential local service given that we serve a young, growing population with high birth rates. We strongly support a modified Option 2, 'The 5-Site' model, which would retain maternity services on the Lewisham site. Our obstetricians have advised us that modifications are required to the model described by the TSA in order to make it a safe service with the flexibility to manage acute, and often unpredictable, emergencies.

We do not support Option 1, 'The 4-Site' model. This carries significant clinical risks and would lead to a loss of continuity of care for patients and a significantly reduced choice for Lewisham mothers-to-be. We have major concerns regarding the validity of key assumptions[4] used to model the financial impact of the two Options. As a result, we do not agree with the TSA's assumption that the '5-Site' model would be more costly and require more obstetricians to operate than the '4-Site' model.

We strongly support the development of an elective surgery centre at Lewisham

The recommendation to develop an elective surgery centre is not dependent on, or linked to, other changes proposed by the TSA. We strongly support the development of a

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[2] Email from TSA team to LHT Finance Director, 22 September 2012

[3] Draft Report, Figure 27 'Proposed services to be provided at south east London hospitals from 2015/16' – shows no children's inpatient services on the Lewisham Hospital site

[4] See Appendix 1, Maternity Services – 'Response to TSA Birth Rate Forecast and Patient Flow Assumptions'

centre of surgical excellence on the Lewisham Hospital site which we believe will lead to better patient outcomes and experience. The development is consistent with the clinical strategy we outlined, and consulted on, in our FT application. However, we note the lack of clarity and detail in the TSA's report regarding the service and business model for the centre, which will underpin its success, although we understand that these are being developed.

The pivotal role we play in education and training has been overlooked by the TSA

Lewisham Healthcare has an excellent reputation for providing high quality education and training to doctors, nurses and a range of professionally qualified staff. The Trust plays a vital role in medical education and training across south east London but the impact of this has not been considered or consulted upon in this process. We believe this to be a significant omission.

The site plan for Lewisham has insufficient capacity even to deliver the service proposed

Our concern about the TSA's proposed estates plan for the Lewisham site has led us to commission a specific review of the TSA estates assumptions using expert professional healthcare planning advisors. Having reviewed the proposals we consider that insufficient capacity is included in the Lewisham Estates Solution for buildings and site proposed by the TSA.

We recognise the high level approach adopted by the TSA team necessitated by the challenging timescales for developing the draft TSA report but are clear that the site plan proposed will not accommodate the clinical services recommended for the Lewisham site. We recognise we are at the beginning of the process but our work is intended to provide the basis for further development of the estates solution and is based on our more detailed assessment facilitated by the time available in the consultation period and our local knowledge of the site and services.

We do not believe there is a convincing case for radical change of services at Lewisham

We do not believe that there is a convincing case for the radical change of services proposed in Lewisham. We believe the TSA has overlooked the significant role that our Trust plays in the broader provision of services to local people and that the TSA's recommendations will result in worse, rather than better, care for the people of Lewisham.

We have significant concerns regarding the speed and rigour of the TSA process and the lack of availability of robust analysis or evidence to support the proposals for major change. Despite being portrayed as having the widespread engagement, our clinicians and others involved in the process, do not feel that they have been listened to.

Although we support the proposal for LHT to come together with QEH, we are concerned that we have not been able to see the detailed financial modelling information to enable us to form a view as to the financial viability of the new organisation. We feel the prescriptive approach to service change adopted by the TSA makes an already complex task even more difficult. As a merged organisation we can take the hard decisions that will be necessary to determine the future shape of services but we will include proper engagement with local stakeholders and the public that ensures the benefits can be realised for all parties.

1. Introduction

1.1. Context: the threat to services for a deprived Lewisham community

The Trust Board is extremely surprised and disappointed to find itself in the position of Lewisham hospital being threatened with downgrading from a major hospital. In July 2012, at the time when the Unsustainable Provider Regime for South London Health Trust was initiated and the Trust Special Administrator (TSA) appointed, Lewisham Healthcare had been making good progress towards achieving Foundation Trust (FT) status. Having completed extensive assessments, the Trust's FT application was approved by NHS London and had been submitted to the Department of Health in June 2012.

However, four months later, we find ourselves faced with draft recommendations that have been rapidly developed and which, if implemented, would significantly diminish access to healthcare services we provide for those living in Lewisham, an ethnically diverse population, many of whom live in some of the most deprived areas in the UK.

There are significant inequalities in health across the Borough. The health of people in Lewisham is generally poor with life expectancies below the national average and the worst amongst the four boroughs of outer south east London[5]. In response to these challenges we have built strong relationships with local GPs, clinical commissioners, mental health colleagues and local authority partners and work closely and effectively in collaboration with them to deliver integrated services that meet the specific needs of those living in Lewisham.

Organisations like ours take a long time to build and fine-tune and have at their heart a stable and primarily local workforce. We remain committed to delivering high quality services for local people and continue to build on our strong ethos as an organisation focusing on providing excellent secondary and integrated care. However, we are concerned about the demoralising and potentially destabilising effect that the TSA's draft report is having on our workforce. We continue to work hard to remain an organisation that our staff feel proud to work for and we appreciate their loyalty, commitment and continued hard work through these challenging times.

We do not believe the changes proposed by the TSA, as currently formulated, are in the best interests of Lewisham patients, public or staff and do not believe that they satisfy the 'Four Tests' that must be applied to any proposed NHS service changes.

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[5] Statistics for the SE London health economy – Appendix H, Draft TSA Report: Rank of deprivation out of 326 local authorities: **Lewisham 16th**; Greenwich 19th; Bexley 180th; and Bromley 217th.

1.2. Structure

This paper is the formal response of the Lewisham Healthcare NHS Trust Board to the formal consultation process. Its primary focus is to respond to those elements of the draft TSA recommendations that will have significant implications for the future shape of our organisation and the services we provide. It is structured as follows:

- **Section 2** describes our Trust's excellent record of improving care whilst meeting financial and clinical targets;
- **Section 3** outlines the position of the Board with regard to the TSA process and approach;
- **Section 4** details the Board's response to draft recommendation V, 'Clinical transformation across south east London', challenges (some of) the underlying assumptions underpinning this recommendation and outlines critical issues the TSA must address in developing transitional plans;
- **Section 5** outlines the Board's response to the proposal to bring together Lewisham Healthcare NHS Trust and Queen Elizabeth Hospital to create a new organisation, included within draft recommendation VI, 'Organisational Solutions';
- **Section 6** summarises our response to the other draft recommendations (I to IV and the remaining elements of VI) that have less significant implications for our organisation.

Our response addresses what we believe to be the key issues raised by the TSA's draft recommendations for our Trust. We have not answered the specific questions included within the TSA's public consultation document but our responses to those direct questions will be clear from the content of this detailed consultation response.

2. Lewisham Healthcare NHS Trust: An Overview

2.1. Our track record

Integrated Care

A truly integrated healthcare provider, Lewisham Healthcare NHS Trust is the only NHS organisation in south east London exclusively focused on the community to hospital pathway to drive service improvement and ensure a viable local health economy.

Strong management and clinical leadership has delivered success

We have an excellent record of improving care while meeting financial and clinical targets and are very proud of what we have achieved. Over the past six years we have implemented the recommendations of ‘A Picture of Health’, overseen the smooth integration of acute and community services and successfully met all financial and operational challenges. Our focus remains on maintaining this record.

Lewisham Healthcare NHS Trust a ‘Top 40’ Hospital

We take safety and quality very seriously and have a strong track record and commitment to achieving national and local performance targets. In 2012, for the fourth year running, we were rated by CHKS, a leading provider of healthcare intelligence, as one of the ‘Top 40’ hospitals nationally for clinical effectiveness, patient safety, outcomes, governance, patient care and patient experience.

Lewisham offers great access to services

We regard rapid access to care as a priority. Over the past three years we have met all emergency and elective access targets, ensuring that waits for treatment are kept to a minimum. We believe this to be a crucial area of performance especially in an area such as Lewisham where many people would not find it easy to access care elsewhere. Centrally located on a high street location in the Borough of Lewisham, with excellent public transport links, our main University Hospital Lewisham (UHL) site is easily accessible for local people. Local people tell us that travel times and costs are an important factor. Our patients tell us that the additional travelling times quoted in the TSA’s report to other hospital sites do not bear any resemblance to their experience in using public transport at peak travel time in this part of London and take no account of the significant additional costs incurred when the journey has more than one stage.

Clinically and financially efficient

Operationally lean, we are the most efficient Trust in south east London, as evidenced by our low Reference Cost Index and confirmed by recent benchmarking using a similar process as the TSA. Since 2006/07, the Trust has consistently generated operating surpluses in line with NHS conventions including in 2011/12 a surplus of £1.4m (after IFRS adjustment), which was £0.3m ahead of plan.

We were surprised to see that, within his report, the TSA did not focus on our successful historical financial position over the past five years, but referred instead to a £5m cash injection being needed to support our Foundation Trust application. The inference in the TSA's report is that this was a sign of weakness in the Trust's financial position. In reality, like many other Trusts, our application, which successfully progressed through two stages of the Monitor Due Diligence process, did include a working capital loan, on the advice of NHS London. This funding was to address a historical cash flow issue and was not related to the Trust's current or future financial viability.

2.2. Our role in the community is highly valued

Located at the heart of the local Lewisham community, the Trust provides a broad portfolio of high quality acute and community services to meet the specific healthcare needs of those living locally. A full Emergency Department (ED) service, with acute medical and surgical admissions and critical care together with local maternity and children's services are at the heart of what we do for this local community. These services have an enviable reputation of providing high quality care not only to local people but also to those from outside Lewisham.

To support our application to become a Foundation Trust, we carried out a public consultation which focused on the Trust's strategy and service development plans. Feedback from this clearly demonstrated that the services provided by the Trust are highly valued and are strongly supported by local people, local GPs and clinical commissioners, the local authority and other local stakeholders.

The level of support demonstrated for the Trust and its services throughout the TSA consultation process - especially from staff, local people, GPs and stakeholders from across south east London - has been truly overwhelming and confirms just how important a role the Trust plays within its local community and across the sector as a whole.

3. The TSA Process

3.1. Our position as an organisation

We would like to clarify Lewisham Healthcare's position as an organisation. We agree that it is getting tougher financially for the NHS across south east London and, indeed nationally, and recognise that it will be not be easy for the Trust to respond effectively to these challenges if we continue in our current form. We also acknowledge the development of increasingly demanding clinical regulatory standards and recognise that all providers will be required to meet these. We understand that hard decisions need to be taken and we will not shy away from these. We accept the need for change and believe that the right way forward is for relevant partner organisations to come together, hence our Expression of Interest in managing the Queen Elizabeth Hospital site.

However, we do not believe that a prescriptive approach to service change, as proposed by the TSA, is the right one.

We believe that proposals for service change must be developed and, most importantly, owned by the organisation implementing the changes if the benefits are to be delivered.

We responded to the TSA's market engagement invitation to express an interest in running SLHT's services saying we would like to explore working with Queen Elizabeth Hospital in Woolwich. As a larger organisation, with two sites located nearby and serving similar populations, we believe we would be in a better position to meet clinical regulatory standards within the funds we are allocated in the future. The TSA has agreed that it makes sense for us to come together with Queen Elizabeth Hospital and we are pleased to see that this proposal is included in the draft recommendations. We also note that, in his consultation document, the TSA has acknowledged that LHT has a strong leadership team with the 'experience to set up the new organisation and improve care for patients'.

However, the merger of LHT and QEH is a complex and challenging transaction. There are a number of significant risks to this transaction that have not been financially quantified. Our Board is seeking assurance on a range of issues relating to the ongoing viability of the new organisation, which potentially present operational risks that could impact on patient experience and the quality of services we are able to provide. The agreement of an appropriate level of transitional funding will be critical to ensure the financial stability of the new organisation.

The TSA has made very detailed and specific recommendations for service change in Lewisham compared to virtually no change to services on the two major hospital sites in South London Healthcare Trust. We agree that working with Queen Elizabeth Hospital will bring opportunities to improve services and improve financial viability by learning from each other and by reconfiguring services where it makes sense to do so. However, we firmly believe that we should ourselves decide any changes needed to ensure we are able to continue to provide safe, affordable services for the people of Lewisham and Greenwich – working with patients, local people, local GPs, other partners, commissioners and staff.

We do not believe that the Unsustainable Provider Regime process was designed to deal with the degree of complexity associated with sector-wide service reconfiguration. Our staff and local GPs have commented that they believe there to be a potential conflict of interest created by the TSA being the accountable officer responsible for the South London Healthcare Trust whilst planning service changes that primarily impact on a neighbouring trust, Lewisham Healthcare.

Our preferred option would be to come together with Queen Elizabeth Hospital, as proposed by the TSA, but to retain the ability to decide ourselves, working closely with local GPs and the wider public, what we must do in terms of reconfiguration of services in order to ensure the long term clinical and financial sustainability of the new organisation. This would lead to a safer, more considered solution that is locally owned and in line with the Government's ethos of greater local control and a patient-centred approach to healthcare.

Members of the public, our patients, local GPs and the Local Authority have told us that they do not feel they have been genuinely engaged in this process. Patients and local people are concerned that the TSA's draft recommendations will not result in a choice of good quality providers across the whole range of services. Our clinicians advise that they have not been genuinely engaged or listened to and that they do not believe the recommendations are underpinned by a clinical evidence base. We do not believe the recommendations have the support of local GPs or clinical commissioners. Therefore, **we do not believe the proposed service changes satisfy the 'Four Tests'.** Our response outlines the reasons why we believe this to be the case.

3.2. The TSA's Approach

We have a number of concerns relating to the TSA process which we believe have made it impossible to have the engagement, involvement and due consideration that proposals such as those included with the TSA's draft report warrant.

The draft report makes extensive reference to a number of advisory and working groups and extensive involvement of local clinicians, clinical commissioners and other professionals, whose input 'underpins' the TSA's recommendations.

However, our senior clinicians have told us that, although they have been engaged as members of the working groups, they do not feel that they have been genuinely listened to. Our clinicians tell us they feel that their views have been systematically ignored in the process. In general, they have been presented with a very limited pre-determined range of options with inadequate opportunity to discuss alternative possibilities. Important aspects of patient care, such as integration, have not been adequately considered because of lack of easily scored indicators. In addition, our clinicians observe that the contribution to the financial difficulties of the sector due to specialist services, have been entirely ignored and that tertiary spend on these services has been protected whilst there has been a swingeing reduction in resources for local acute services. Our clinicians have advised us that they do not agree there is unanimous support within the working groups and workshops for the draft recommendations included within the report. They do not believe that, in this

process, 'clinician engagement' equates to 'clinician agreement and approval' and they are extremely unhappy that this is how it is presented within the TSA's report.

A key concern has been a lack of transparency throughout the TSA process. There has been a failure to provide timely information at a sufficiently detailed level to enable those involved in the working groups and their executive colleagues to assess and evaluate the potential implications of the recommendations. We understand that the tight timescales of the process have meant detailed analysis, at the level our Board would expect to see to support such radical service change as proposed by the TSA, is not yet available. However, we would expect this to be made available to the Trust at the earliest opportunity.

We are concerned about the lack of a Health and Equalities Impact Assessment to comment upon within the public consultation, which we understand will not be available until after the consultation process closes. We have not, therefore, seen an assessment of the impact of these proposals on the health of local people. We are particularly concerned that the TSA's report makes no direct reference to how the proposed changes will affect the provision of clinical services in Lewisham and, in particular, the impact on the health of children and the elderly frail in the borough. Our local population is one of the most deprived and amongst the most diverse in England with a high proportion of the population under 5 years of age[6]. **We believe that implementation of the TSA's proposed changes will have a detrimental impact on the health and well-being of local people and will further disadvantage the local Lewisham community.**

In addition, the local authority has commented in their response to the TSA's draft report[7] that "*it appears reckless to propose such substantial changes without evidence of a thorough risk appraisal in the report*" and that "*the absence of any risk assessment by the TSA severely limits the opportunity for stakeholders, patients and the public to assess whether the recommendations are in their best interests*."

Finally, the TSA's reference to 'A Picture of Health'[8] within his report implies there was unfinished business to be completed and, therefore, that the solution had been determined before the TSA had started his work. That view is reinforced by the fact that, unlike other key stakeholders in south east London, Lewisham Healthcare NHS Trust was not included in the consultation that preceded the enactment of the Unsustainable Provider Regime. Given that our Trust now appears to have become the solution to the South London Healthcare Trust problem, we find the failure to include us in that consultation an extraordinary oversight.

[6] Appendix H, Table 5: Population by age, % 0 to 4 years – **Lewisham 8%,** Greenwich 8%, Lambeth 7%, Southwark 7%, Bexley 7%, Bromley 6%

[7] London Borough of Lewisham's response to 'Securing sustainable NHS services – Consultation on the Trust Special Administrator's draft report for South London Healthcare Trust and the NHS in south east London.

[8] Paragraph 16, Page 10, Draft Report

3.3. Immediate impact on Lewisham Healthcare NHS Trust of TSA process

The TSA process is already adversely impacting the financial performance of Lewisham Healthcare. It has delayed the implementation of some of our 2012/13 cost savings plans and has led to several others being halted or stalled. These include the outsourcing of the Trust's pathology services and implementation of an Electronic Patient Record, two schemes with significant long term patient benefits.

We are concerned that the uncertainty the TSA process is creating for our workforce may impact on our operational performance. Our workforce continues to work extremely hard and remain committed to delivering the highest quality of care for local people. However, they are extremely angry and demoralised by the TSA's proposals which they feel are unfair both in the way in which they have been developed and how they are being enacted. Further by binding us to a confidentiality agreement when we submitted our Expression of Interest, we have been unable to keep our staff and stakeholders informed through the process; thus exacerbating the sense of shock when the report was published.

Lewisham Healthcare has done everything that has been asked of it and has consistently met all of its clinical and financial targets. However our staff tell us that they feel our Trust is now being punished for the failings of another on its borders. They feel that only their organisation is being asked to make major sacrifices to resolve problems created by others elsewhere in south east London. We are concerned that, during this process, we will lose highly valued staff essential to the delivery of excellent care and that remaining staff, if denied the opportunity to develop their own service model, will no longer see the value of trying to meet clinical, operational and financial targets.

4. Recommendation V: Clinical Transformation across SE London

4.1. Clinical Models: Introduction

The TSA has proposed clinical transformation across south east London, with a set of service reconfiguration proposals that have the most significant impact in Lewisham, a trust outside of the TSA's remit for South London Healthcare Trust. The recommendations are underpinned by the Community Based Care Strategy written by the six Clinical Commissioning Groups of south east London. Whilst we support the aspirations set out in the Community Based Care Strategy the lack of detail and specifics in these plans gives rise to concerns about the deliverability in the timescales envisaged. This is of great concern since it is such a critical element of the TSA recommendations.

Based on the early information provided to us by the TSA team[9], we understand that the TSA assumptions include a reduction in demand management for acute services to be in the order of 30% over five years. We have seen nothing to indicate that these assumptions have changed and believe that they are incredibly ambitious. We are very concerned by the lack of detail as to how such a reduction in demand would actually be achieved and our local GPs and clinical commissioners tell us that they share our concerns. In fact some Lewisham GPs have commented that they are 'totally unrealistic assumptions'. Despite the efforts of our commissioners to implement demand management initiatives over recent years, we have not seen any reduction in demand for acute services. This is a challenge facing NHS providers nationally, not just in our local health economy. We would welcome evidence that reductions in demand of the scale and in the timescale assumed by the TSA have been achieved elsewhere nationally. We have not been presented with such evidence during the process and do not believe what has been assumed can be achieved. Equally we would welcome sight of evidence that demonstrates that, with a shift to community and primary care settings, patient care will be provided more cheaply.

We believe it is essential that the alternative systems, identified in the Community Based Care Strategy, are in place, and there is evidence that these are working effectively, before any significant service changes in acute care can be considered, implemented and sustained. We would welcome, in the TSA's final report, a set of milestones that will need to be met in the shift of care to the community before changes to acute care can take place.

In addition, we would highlight that the additional travel times quoted in the TSA's report for the people of Lewisham to access other acute hospital sites, do not bear any resemblance to the experience of our patients in using public transport at peak travel times in this part of London. The travel time analysis is extremely limited and takes no regard of the deprivation and associated vulnerability of the population we serve. In Lewisham 42% of households do not have access to a car[10] (compared to

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[9] Email from TSA team to LHT Finance Director, 22 September 2012

[10] www.londoncouncils.gov.uk/.../**LEWISHAM**

a London average of 37%) and 20.4% of the population are disabled[11]. Travel is a critical factor in their access to healthcare and the Lewisham population will face greater transport and access constraints and increased travel times, transport costs and journey complexity from the changes proposed as to where essential services are to be delivered.

The local authority has commented within their response[12] that they are concerned that "*the proposals are not aligned with the Lewisham Joint Strategic Needs Assessment, they are not focussed on prioritising local resources so as to maximise the health improvement impact for Lewisham, they focus on single points of delivery rather than whole pathways and they will lead to fragmentation.*" They are particularly concerned that, given life expectancy for men and women in Lewisham is lower than the London average, "*it seems unconscionable that meeting the needs of our residents is not at the forefront of any service change.*"

Our response to the TSA's proposals relating to emergency care, maternity services and elective surgery together with our response to the proposed estate reconfiguration plan for the University Hospital Lewisham site are detailed in the sections that follow. We have included separate responses on children's services and on education and training, two significant elements of our Trust that we believe will be significantly impacted by the TSA's proposals but which have been given no consideration in the TSA process and are absent from the draft report.

4.2. Emergency Care

Our excellent track record

We provide a fully integrated Emergency Department (ED) and Urgent Care Centre (UCC) service that is seen as 'best-in-class'. The service has an excellent track record and is benchmarked as one of the best performing units in London. Unlike many others EDs, it has consistently met challenging national targets for emergency access. Recent investment in a new department has vastly improved the patient environment and infrastructure and enhanced the overall patient experience.

The service is very highly regarded, not only by patients and members of the public but importantly by colleagues, such as the London Ambulance Service who tell us that they frequently choose to bring patients to Lewisham in preference to alternative EDs in south east London. It is also a centre of choice for those looking to train in Emergency Medicine.

Our emergency service is extremely busy. Over the past four years, despite attempts by our local commissioners to manage demand, we have seen a steady flow of patients (c. 115,000 patients per year) attend our ED and a steady number of acute admissions (c. 20,000 per year) resulting from these attendances.

[11] TSA Draft Report, Appendix H, section 4.2 Disabilities

[12] London Borough of Lewisham's response to 'Securing sustainable NHS services – Consultation on the Trust Special Administrator's draft report for South London Healthcare Trust and the NHS in south east London.

However, our emergency care service extends beyond the walls of the ED. The Trust provides a complex and integrated web of emergency services for adults and children, including acute medical and surgical admissions and critical care services, which support the emergency needs of our local population and provide a critical link to our local community.

Our critical care unit not only provides an excellent service locally but plays a vital role in critical care provision for London as a whole. A net importer of critically ill patients, we provide high quality patient care and have an excellent reputation for training intensive care doctors. The loss of this critical care provision has neither been consulted upon nor considered by the TSA in his review.

The TSA Proposal

The TSA has recommended that the provision of emergency care at Lewisham Hospital should stop. This would mean that the Emergency Department at Lewisham would close and emergency inpatient services for the most seriously ill would be provided elsewhere. **We do not support the TSA's proposal to shift emergency care services away from Lewisham**. We believe that the model proposed by the TSA, if implemented in the timescales outlined, would put patients' safety at considerable risk.

The TSA used a series of hospital models to guide his review – 'major acute hospital', 'elective hospital', 'specialist' and 'local hospital' – which embody the clinical regulatory standards that have to be met. Our clinicians tell us that the Clinical Advisory Group was advised that these were national DH models that were due to be published imminently and that alternative models to these, including hybrids, would not be accepted. However we have not seen any evidence that these models have been adopted.

The TSA team determined that, in the future, south east London would not be able to afford, five major acute hospitals, although we have seen no compelling evidence to demonstrate this. This led to a recommendation that, in order to save money, one of the existing 'major acute hospitals' be downgraded to become a 'local hospital'. The TSA process quickly reduced the choice to either Lewisham or the Queen Elizabeth Hospital. Because the expensive PFI on the Queen Elizabeth site gives little or no scope to make savings on that site, Lewisham was chosen to become the 'local hospital' despite having a better performing ED. **We believe that this decision is not backed by sound clinical evidence but that it has been financially driven primarily by the significant ongoing costs of the Queen Elizabeth Hospital PFI**. If the PFI costs are to be reduced as part of the TSA proposal, we would question whether the analysis in this area remains valid.

The TSA refers to the super-centres for stroke, heart attack, vascular and major trauma in support of the loss of Lewisham's ED en route to better care. However, **this approach ignores the vast majority of urgent medical situations of our local population,** many of which are linked to deprivation and the specific needs of the multi-ethnic Lewisham population, in particular those of the frail elderly and of sick children, many of whom have complex medical and social care needs.

A key element underpinning the TSA's proposals is an assumption that the implementation of community care plans will result in a significant reduction in ED attendances over the next three years. **We have no confidence that these reductions will be delivered.** There are no detailed plans underpinning this assumption and no evidence to demonstrate that such a reduction of this scale, and in this timescale, has been achieved elsewhere. Our local GPs tell us that they have not signed up to these assumptions and, in fact, have described the assumptions as 'totally unrealistic'. One large GP practice has commented on the studies quoted as evidence for the possibility of large savings from the Community Based Care Strategy as 'isolated pilots' without proven 'generalisability' suggesting that the 'true effects of these interventions are bound to be much smaller when wider pragmatic implementation takes place'.

The report states that 77% of patients who currently attend Lewisham ED would still continue to be able to be treated there under the TSA proposals and quotes the assumption coming from LHT. We think it is important to highlight the basis of this assessment. In good faith we provided the TSA with historic information (based on attendances at our Emergency Department and Urgent Care Centre between the period October 2010 and September 2011) which identified that 77% of patients attending those departments in that time were seen, treated and discharged home without requiring specialist imaging, a specialist opinion, admission or transfer to a specialist service. The TSA is now using this information to argue that his recommendations would mean that the majority of people who currently access emergency care services at Lewisham would not be affected. **We do not agree with this assessment and believe it is misleading**. Our view is that the people most in need of these services will be significantly affected by the proposed changes. Patients, and in particular, the London Ambulance Service (LAS) are often unable to identify whether admission or referral to specialists or diagnostics services are required in advance of arrival at the ED. As a result, we believe that the number of local people who would access their urgent care within Lewisham would be much lower than the 77% quoted.

We have significant concerns about the capacity and capability of neighbouring Trusts and, in particular, Kings College Hospital and Queen Elizabeth Hospital, to absorb the additional activity that would result from the closure of Lewisham's ED particularly given the capacity and performance issues already being experienced in those units.

We believe the shift of emergency care services away from Lewisham will disproportionately impact access to emergency and critical care services for Lewisham residents, many of whom live in some of the most deprived areas of south east London and, without a car, are dependent upon public transport links to access services. Car ownership levels in Lewisham are low and public transport links between Lewisham and the Queen Elizabeth Hospital are poor. Our patients tell us that the additional travel times quoted in the TSA's report bear no resemblance to their experience when using public transport at peak times and that travel times, and indeed costs, would be considerably higher for many of those who currently access services via public transport. In the light of this, we believe

implementation of this proposal would lead to a disproportionate increase in demand for patient transport services, which has not been recognised in the TSA's report.

One of the factors used by the TSA to support his proposal is analysis which he believes shows that Lewisham has poorer access to integrated services than Queen Elizabeth or Princess Royal University Hospital.[13] **We strongly dispute this**. The TSA's analysis only looked at non-elective length of stay and delayed discharges which do not give a full or rounded assessment of the quality or strength of integration and does not take into account differential access to intermediate care beds across the boroughs. Other indicators of strong integration have been ignored. In addition, we do not believe that the TSA has given due consideration to the high levels of deprivation in Lewisham, far higher than that of Bexley and Bromley. Evidence shows that discharge home for patients from the most deprived areas is likely to be more difficult due to worse housing conditions, more single households and the lower levels of economic support they have available to them.

As a vertically integrated trust, we have built strong and collaborative relationships with local GPs, clinical commissioners, the Local Authority and other local partners. We are working closely and effectively in partnership to improve the integration of health and social care across patient pathways and to support the delivery of more care closer to, or in, patients' own homes. The local authority have told us how concerned they are about the detrimental impact of these recommendations on the excellent arrangements in place in Lewisham between primary, secondary, community and social care services for managing people with complex needs, particularly older people and those with long-term conditions.

We have delivered significant service improvements for local people, such as those for patients with Chronic Obstructive Pulmonary Disease, which have led to significant reduction in admissions and believe we could build on our experience to extend these benefits to Greenwich.

We believe the TSA's proposals to remove emergency services from Lewisham could put at risk many of the benefits we have achieved from integration. We believe it will lead to loss of an integrated approach to the care of patients with complex needs, particularly the frail elderly, those with long-term conditions and sick children. This will lead to more fragmented care, deterioration in patient experience and a decline in the overall quality of care provided for local people.

Conclusion

We recognise the increasing challenges that NHS organisations will face in meeting clinical regulatory standards going forward and that changes will be needed to ensure that these continue to be met. However, **we do not support the TSA's proposal to shift emergency care services away from Lewisham.** We challenge the approach taken to reach the decision to reduce the number of EDs in south east London from five to four. We have seen no evidence that confirms this can be done

[13] Appendix E, Evaluation of Hospital Service Configuration Options for South East London', para 46

safely and have no confidence that the assumed reductions in ED attendances will be delivered. We believe that implementation of the model proposed by the TSA, implemented in the timescales outlined, would put at risk the safety of patients, lead to greater fragmentation rather than integration of health and social care and adversely impact the health and wellbeing of local people.

4.3. Children and Young People's Services

Introduction

Within our local population, the 16th most deprived in England,[14] are a high and increasing number of children and young people and a high number with complex needs. Many are from deprived backgrounds and are far more likely to be living in families with no working parent or headed by a lone parent, have no car and live in inadequate housing conditions.

Despite this, **there is an extraordinary lack of attention to Children's services in the TSA's draft report** which makes no reference at all to children's services and does not explain how the proposed changes will affect the provision of these services at Lewisham. We are extremely concerned by this omission especially as we understand that what is being proposed will have a significant, and detrimental, impact on the health and well-being of children in Lewisham.

The TSA's report[15] appears to assume that the Children's Emergency Department (ED) would close and that all children's inpatient services currently provided at Lewisham would be relocated. However, there is no specific reference to this in the draft report, no supporting case for change and no specific recommendations upon which we, or the public, have been asked to comment.

We believe the TSA proposals place at risk a service that is widely recognised to be 'excellent' with strong links with local education, social care and safeguarding partners and which has made significant progress in integrating acute and community services and in moving towards integrated care pathways for children.

Our excellent service

The Trust has highly respected and effective children and young people's services across both acute and community with a unique model of co-located, multi-organisation services at Kaleidoscope. These services are consistently highly rated by external independent bodies including the CQC, joint area review inspections and Ofsted. Their excellence is underpinned by the close relationship between acute and community staff and GPs.

Despite our local population having extremely high safeguarding needs, our safeguarding service, which is fully integrated across the community and hospital services, achieved a rating of 'Outstanding' following our Ofsted review in 2012.

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[14] Statistics for the SE London health economy – Appendix H, Draft TSA Report
[15] Figure 27: 'Proposed services to be provided at south east London hospitals from 2015/16'

Our children's ED department, with attendances of over 30,000 a year, is one of the busiest in London. Recent investment has provided additional space and enabled patient flows to be streamlined, creating a quality service in line with best practice recommendations. Over 70% of children are seen within the ED with only 30% in the UCC. We have a model of care that is consultant delivered and which meets future 'best practice' requirements. With a high level of medical supervision by paediatric trained staff, the ED plays an important role in ensuring that hospital admission rates for children in Lewisham[16] are much lower than expected for a population of this diversity and deprivation. An integral part of our service, the ED is often the point at which children first come into contact with the Trust and it acts an important gateway to health, social care and education services inside and outside of the hospital.

The reputation of the service is widely recognised amongst parents and carers who preferentially choose to bring their children to Lewisham even if they live outside the borough. The training and experience for medical and nursing staff is also highly regarded and many trainees choose to come to Lewisham for this.

The TSA Proposal

As our children's ED service is dependent on many of the acute services available to the adult ED, **the TSA's proposal to close the adult ED would also result in the closure of the children's ED**. Our children's ED works closely with our in-patient paediatric services which largely provide care to acutely ill and injured children. As a result, **closure of the children's ED on the Lewisham site will inevitability lead to the loss of acute children's inpatient services on this site.** This is reflected in Figure 27 of the TSA's draft report but is not commented upon or referenced within the narrative.

As the draft report makes no mention of what will happen to Lewisham's children's services we believe that it cannot be clear what the TSA's specific intentions are. There has been no discussion with clinicians about the proposed changes on children's services within the TSA process, no modelling of patient flows and no assessment has been undertaken as to the impact of these proposals on the health and well-being of children across south east London. Because of the lack of clarity about children's services in the TSA's report, many members of the public do not realise they are 'at risk'. This makes the public consultation invalid.

We do not believe that neighbouring trusts - Queen Elizabeth Hospital, Kings College Hospital or St. Thomas' - have the capacity to absorb the work of the children's ED currently undertaken at Lewisham and believe it is unlikely that they would be able to absorb the inpatient admissions for Lewisham children.

We are not against change and have demonstrated over the years our ability to work collaboratively with others to respond to clinical and financial challenges. Lewisham and Queen Elizabeth Hospitals both have a high volume of acute children's work and serve a similar children's demographic. In future, the two services will need to co-operate closely to respond to the recommendations of the Royal College for a

[16] Public Health Lewisham, 5 December 2012

consultant delivered service and a likely reduction in paediatric trainees. We feel our track record shows that we will be able to do so successfully.

Conclusion

The failure of the TSA's draft report to identify or mention the implications of proposals for Children and Young People's services in Lewisham is a grave omission and is a significant concern. We believe that the impact of the proposals on acute children's services at Lewisham has not been explained, supported or made clear to the local population and, importantly, has not been consulted upon as part of this process.

We believe that the emergency care proposals, if implemented, would have a significant and detrimental impact on children's care in Lewisham and on the health of children across south east London. There are no specific recommendations for children's services in the TSA report but, **if acute children's services are compromised by the TSA proposals, this will have happened without public consultation.**

4.4. Maternity Services

Context

With a young and growing local population and high birth rates[17], it is important that local mothers-to-be have access to high quality, safe services that they choose to use. As shown in Appendix H of the TSA's draft report[18], in 2011 Lewisham had the 2nd highest number of births across the six south east London boroughs.

Over the past few years we have made significant improvements to the quality of our service, including the opening of a co-located purpose-built midwifery-led birth centre in May 2010. As a result, we have seen a significant improvement in patient experience and an increase in local mothers-to-be choosing Lewisham as their provider of choice. This has resulted in a significant growth in deliveries in the Trust. In 2010/11, we delivered 3,598 women which increased in 2011/12 by 10% to 3,973 women. Of these women, 23% delivered in the midwifery led birth centre. In 2012/13 we are on target to deliver 4,200 women, a further 6% increase.

Maternity services are not just about birth but about the whole continuum of services from first booking through antenatal care through birth to post natal care, together with safeguarding services, where required.

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[17] Appendix H, Table 7: Births and total population, Birth rate (per 1,000 people) – Greenwich 17.9, **Lewisham 17.7**, Southwark 17.7, Lambeth 15.8, Bexley 13.7, Bromley 13.4

[18] Appendix H, Table 7: Births and total population – Southwark 5,089, **Lewisham 4,896**, Lambeth 4,784, Greenwich 4,561 Bromley 4,141, Bexley 3,172

The TSA Proposal

Obstetric-led services in south east London is currently delivered from five sites. The TSA's draft report presents two options for consideration:

- **Option 1**: Maternity Services delivered from four hospital sites. This would remove Lewisham Hospital as a provider of intrapartum maternity care.
- **Option 2:** Retain Maternity services on five hospital sites. Under this option Lewisham Hospital would only take lower risk obstetric led births.

Both options assume that ante-natal and post-natal care would be delivered for local mothers-to-be on the Lewisham site. In Option 1 all four providers are presumed to offer satellite clinics, staffed by visiting obstetricians, on the Lewisham site alongside services provided by Lewisham. In Option 2, ante-natal and post-natal care would be delivered by Lewisham obstetricians and midwives.

The TSA's proposals are based on a key assumption that the projected number of births in south east London in 2015/16, three years time, will be between 25,895 (in Option 1) and 26,117 (in option 2). Given that there were 26, 643 births in south east London in 2011[19], the TSA's assumption is that the number of deliveries in the sector will actually decrease over the next three years. **We believe this assumption is incorrect and understated.**

We understand that, under the 'dispersal' model, Option 1, the TSA has assumed significant flows of Lewisham mothers-to-be to the Queen Elizabeth (29%) and Princess Royal University Hospitals (23%). However, our analysis of historical flows of Lewisham mothers does not support this assumption. We believe, based on current flows, a significantly higher proportion of Lewisham mothers will choose to access maternity care at St. Thomas' Hospital than has been modelled by the TSA.

These two assumptions are critical ones in evaluating the potential impact of the options and, in particular Option 1, as they underpin the capacity and workforce requirements that drive the financial case. We provide in Appendix 1 to the response a brief analysis of historic birth numbers and market share flows for Lewisham mothers and refer you to the comprehensive response to the consultation process from the Lewisham Public Health Department.

Option 1: The 4-Site 'Dispersal' Model

This model suggests that all inpatient maternity services would cease at Lewisham Hospital but that ante-natal and post-natal services would continue. Our view, supported by local commissioners, GPs and local people, is that this option would be disadvantageous for the local population of Lewisham clinically, economically and socially. **We do not support this option**.

Patients are especially concerned about the potential loss of the midwifery led birth centre. They are extremely positive about their experience of our midwifery unit and tell us that that they would be distraught if the service were to close.

[19] Appendix H, Table 7: Births and total population

Inpatient capacity across south east London is already significantly challenged as evidenced by Kings College Hospital and St. Thomas' both having capped their ante-natal booking numbers. Significant investment and capital development would be required just to absorb the 4,200 deliveries dispersed from Lewisham Hospital as well as to cope with anticipated future growth in births across south east London. There is no guarantee that new investment in maternity units at other hospitals, particularly at tertiary centres, would be used for local Lewisham women. Rather, previous experience suggests that such units will continue to cap the number of local women in favour of tertiary work, as happens currently.

We believe, based on our analysis of historic patient flows and projected deliveries, that the dispersal model will increase the number of births above 8,000 births at St. Thomas' and, also possibly at Kings College Hospital, over the next three to five years. In order to meet Royal College of Obstetrics and Gynaecology standards, this will significantly increase revenue costs under this option as it will require double obstetric rotas as well as increase the workforce support needed for services such as anaesthetics, theatres and neonatology.

We believe that this option has a number of significant risks. Our clinical team and the Maternity Services Liaison Committee have reviewed the proposed model and raised a number of concerns in relation to the impact it would have on patient safety, patient choice and overall patient experience:

- Ensuring good ante natal care with high patient compliance is a challenge in a deprived, ethnically diverse population with a high rate of teenage pregnancies. Making access to services more difficult will create an unacceptable risk around compliance with ante natal care and the subsequent maternal and fetal risks associated with this.
- Significant risk of an increase in the number of babies 'Born Before Arrival' and of increased risk of harm arising from complications during home birth for both mother and baby due to the impact of longer travel times to the four obstetric units. In addition, Lewisham mothers-to-be will be less likely to travel for early assessment due to increased travel times.
- Lack of continuity of care, and continuity of the carer, for local women who are required to deliver at another site. Many of the mothers-to-be in Lewisham have complex obstetric histories and a fundamental part of their care is the trust and confidence that develops between patient and specialist. Removal of this continuity poses significant risk to mother and infant.
- Increased safeguarding risk in what is already a high risk population especially given the increased movement across a number of services and disconnect between providers along the maternity pathway.
- Marked reduction in choice for local people, a population that is already disadvantaged. Choice is one of the Secretary of State's 'Four Tests' and a key theme in the DoH 'Maternity Matters' programme. Within this, four national choice guarantees are given including the choice of place of birth and the option of birth in a local facility, including a hospital, under the care of a

midwife. For Lewisham women the choice of place of birth would be reduced and the option for a local midwifery led birth would no longer be available.

- This model would lead to a fragmented maternity service for local women and a risk that community midwifery would become disconnected from the consultant obstetricians and from local GPs. This will create challenges for effective communication and for the delivery of robust clinical pathways.
- A risk that women will feel isolated when requiring inpatient care at hospitals more remote from their home due to access difficulties for family and friends, especially those from more deprived areas who may not have the transport, time or finances to visit units further away from their home.
- There is an inappropriate assumption that access to Lewisham-based antenatal services would continue. However, without a Lewisham obstetric service, all four other providers would need to offer satellite clinics at Lewisham (for which no space has been allowed in the site plan). The organisation of satellite obstetric outpatient services every day from every provider and the application of the new maternity pathway would become highly complex, inefficient, and potentially costly even if greater emphasis is placed on midwife-led care models.
- There is no evidence to show that larger centres are better or safer in terms of patient outcomes.
- This model would result in increased pressure on London Ambulance given the number of families who do not own cars.

Option 2: The 5-Site Model

We believe strongly that, for patient safety reasons and for the benefit of local and neighbouring populations, obstetric-led maternity services should be provided on the Lewisham Hospital site. However, **this would not be a 'stand alone' model as inaccurately described by the TSA**, but would be integrated with maternity services at Queen Elizabeth Hospital with staff rotation to maintain skills.

Our preferred option is to retain obstetric-led maternity services on the Lewisham site but the current outline in the draft TSA report - 'a low risk obstetric-led maternity service' – does not describe our envisaged model of care. We believe that the fundamental principle of the organisation of maternity services should be the quality and safety to the local population. Births considered to be 'low risk' are managed under the midwifery-led care model in the variety of settings available (the birth centre, home birth or on the labour ward) whilst births considered to be higher risk are managed under an obstetric model of care.

The model we describe is a modified Option 2, which fits with the ethos in the TSA's draft report but addresses the clinical concerns raised, giving flexibility to manage acute and often unpredictable emergencies. The modifications we propose to Option 2 make it a safe service and are fully supported by Lewisham consultant

obstetricians, consultant obstetric anaesthetists, consultant intensivists and midwives. Key features of this model would include:

- screening out of obvious high risk cases that are identifiable at booking, as some are now;
- an obstetric-led service with a co-located birth centre will continue to provide local services to the population of Lewisham;
- as part of the proposed integration, the maternity service at Lewisham would be an integrated service with the service at the Queen Elizabeth Hospital;
- all supporting services will be provided at Lewisham, including neonatology and compliant critical care support.

The NHS London clinical quality standards require certain conditions to be met in an obstetric service. The modified option 2, proposed by the Trust, would be compliant with these standards either through the co-location of an elective surgery centre on site, or through the single service/two site arrangements within the new organisation.

We have assumed that a critical care service will be provided as a single service in the new organisation on both the Lewisham and Queen Elizabeth sites. Medical and nursing staff will work across sites providing a range of critical care services to meet the needs of patients on each site. Critical care provided at Lewisham will support both the elective surgical centre and the maternity service. Pathways will be in place to ensure that, in line with new London guidelines, access to a full level 3 critical care unit is in place for the rare occasions this is required and/or post operative support (enhanced recovery) to surgical and maternity patients and a full range of high dependency care to those patients who require it. Another key feature supporting patient safety will be the on-site blood transfusion service, supporting women who experience an obstetric haemorrhage, which is not predictable ante-natally.

This option, which would support the continuation of an obstetric-led service and the retention of the very popular birth centre on the Lewisham site, is the Trust's preferred option.

Conclusion

Maternity services are an essential service for our local population. **We support a modified Option 2** as we strongly believe that obstetric-led maternity services should be provided in Lewisham. **The modifications we propose to the model will provide a safe service** with the flexibility to manage acute and often unpredictable emergencies. **A modified Option 2 is fully supported by the Trust**.

We do not support Option 1 which we believe would lead to a loss of continuity of care for Lewisham mothers-to-be and would significantly reduce choice for Lewisham women. We believe this option carries a significantly increased risk of problems for expectant mothers and their babies, particularly those in vulnerable pregnancies. In addition, Lewisham deliveries would be dispersed to hospitals

where services are already stretched beyond capacity. Significant development and investment would be required to expand physical capacity at these sites. We also believe that this option will increase the revenue costs of services across south east London as it will increase the number of deliveries beyond the 8,000 births on at least one site, but probably two, triggering the need for double obstetric rotas.

Finally, **we do not agree with critical assumptions that underpin the TSA's modelling of the impact of the dispersal model**. We believe these assumptions underestimate the total number of projected births in south east London in 2015/16 and inaccurately model which units Lewisham mothers would choose to go to under the dispersal model. Appendix 1 to this response provides a brief summary of our position on the forecast birth rate and flow assumptions.

4.5. Elective Care

The TSA proposal

The TSA proposal is to provide all inpatient non-complex multi-speciality elective surgery for south east London in a single elective surgery centre located on the University Hospital Lewisham site. The aim would be to produce an optimal patient experience and deliver best clinical outcomes in an attractive purpose-built environment where productivity is maximised and surgery is undertaken by highly experienced surgeons. **We strongly support this recommendation**, which is not dependent on, or linked to, other changes proposed by the TSA and we believe will lead to better patient outcomes and experience.

The proposed business model will be based on the partnership model already developed by another provider in London. The details of the South East London Elective Centre model are still being worked through and are not yet agreed. However, a key assumption underpinning this is the commitment of all south east London providers to such a model.

Key aspects of the proposal are that any surgery predicted to require intensive or critical care back up services will not be undertaken in the Lewisham centre but will be undertaken on the major acute hospital sites and that day surgery will continue to be undertaken on seven local hospital sites.

Our view on the proposed model

Overall we are very supportive of the proposal to develop an elective surgery centre of excellence for south east London on the University Hospital Lewisham site. We believe there is evidence to suggest that the separation of planned and unplanned care can lead to better patient outcomes and a better patient experience. The development is consistent with the clinical strategy of the Trust we outlined, and consulted on, in our Foundation Trust application.

However, having closely examined other successful clinical models and explored how best practice elective surgical centres are managed, we have identified two critical factors which underpin the successful operation of such centres and which we would wish to see incorporated within the TSA's final recommendations. The first

of these is the availability of critical care facilities to support the clinical model and the second relates to the business arrangements.

Critical Care

The ability to perform a critical mass of elective surgical work safely at the elective centre is essential for financial viability. Based on the models of successful planned surgery centres, we believe the provision of 24/7 critical care services in the centre, which include high dependency and intensive care services, is a 'must have' requirement. Without this, centres have struggled to attract sufficient work and, based on our discussions with referring Trusts, we believe we would to. This is not included with the model proposed by the TSA and we would not wish to progress development of the centre without it.

Critical care will be provided as a single service in the new organisation on two sites, Queen Elizabeth Hospital and Lewisham Hospital. On the Lewisham site the critical care service will be provided as a Post Anaesthetic Care Unit (PACU) linking to a full general Intensive Care Unit (ICU) at QEH. Medical and nursing staff will work across sites providing a range of critical care services meeting the needs of the patients on each site. Critical care at Lewisham Hospital will support the elective surgical centre and maternity services.

The service will be managed by resident anaesthetists/intensivists who will also provide outreach services to the inpatient population, supported by appropriately qualified and experienced nursing and therapy staff. The critical care unit will have the capacity to provide short term ventilation for single organ support and/or post operative support (enhanced recovery) to surgical and maternity patients, and a full range of high dependency care to those patients who require it. The service will also meet the needs of patients who are unexpectedly unwell or deteriorate and require stabilisation before being transferred back to a general ward, or to the main general ICU at Queen Elizabeth Hospital for multi organ support, or another tertiary centre for specialist care, if their needs cannot be met in the Lewisham critical care unit.

The provision of such a critical care service will allow the maximum separation of elective and emergency flows in surgery, and will provide the highest standards of infection prevention and control possible for elective surgery patients.

Business Arrangements

Business arrangements that commit each of the Trusts in the sector to send all agreed elective non-complex surgical work to the centre, guaranteeing minimum volumes at an agreed price, are critical to the financial viability of the service. This is a core principle that underpins the partnership model of other successful units and we believe is something we must replicate. Other centres that have not been able to secure such a commitment have struggled to fill their elective centres resulting in low occupancy levels and high unit costs. The business model is currently being developed and we need to be assured that the model that is agreed upon is the right one for the new organisation, particularly in terms of the proposed reimbursement mechanisms, the definitions of complexity and the buy-in from other providers.

Other key factors

We believe the productivity assumptions[20] assumed by the TSA, to support the planning for potential capacity requirements for the centre, are very aggressive and may not be achievable. We have a particular concern about the assumptions regarding the elective (non-specialist) theatre utilisation and the very high throughput of day case procedures given the move of more complex surgery from inpatient to day case surgery. No evidence has been provided of where these assumptions have been achieved elsewhere.

We have identified a number of other factors which we believe are important for the success of the unit and these are outlined below:

- We need to have clarity and agreement as to the types of work that will be undertaken within the centre. This will be a key component of the business arrangements and will be dependent upon the availability of critical care support.
- The centre must deliver an outstanding customer experience not only for patients but also for surgeons and staff. Good access, an attractive environment and effective communications will be essential.
- The centre must be highly efficient with lean patient pathways, underpinned by effective information transfer, and with capacity of the unit matched to anticipated demand, ensuring optimal utilisation of theatres, beds and staff.
- The centre must deliver the best clinical outcomes. Clinical activities must be underpinned by audit, research and innovation and be a centre of excellence for surgical education and training.

Conclusion

We strongly support the recommendation to develop an elective surgical centre for south east London on the Lewisham Hospital site, a development which is not dependent on, or linked to, other changes proposed by the TSA and we believe will lead to better patient outcomes and experience. Our support is subject to the details of the service and business models, which we understand are being developed. We have identified a number of important issues which would underpin the successful operation which we believe must be addressed by the TSA in finalising his recommendations.

[20] Appendix K, Finance, Capital and Estates Appendix, 'Securing Sustainable Services'

4.6. Community Based Care Strategy

The TSA Proposals

As part of his governance process, the TSA established a Community Based Care Working Group whose role was to support the Clinical Commissioning Groups in developing a Community Based Care Strategy (CBCS) to inform the TSA's recommendations. The draft recommendations included within the TSA's report rely heavily on the delivery of the Community Based Care Strategy that has been written by the six Clinical Commissioning groups in south east London and developed within this Group. This strategy is a critical element underpinning the proposals to transform services which must be delivered before changes to hospital care can be made. We believe it is essential that the alternative systems proposed are in place, and working effectively, before any significant service changes in acute care can be implemented and sustained.

The TSA's assumptions as to the impact of the implementation of this strategy are very ambitious. As we have previously stated (section 4.1) we understand, from early information shared with us, that a 30% reduction in demand for secondary care over the next three years has been assumed. This assumption appears to have been based on a few examples of very small scale pilots. Our GPs tell us that they have significant concerns about whether the results of these pilots can be generalised and whether they can be extrapolated to the levels contained in the CBCS. We share their concerns. One of the references in the CBCS[21] is to a pilot in Lewisham's Kaleidoscope Children's Centre. This work has taken an example of our very effective multi-disciplinary feeding clinic (serving 30 children a year) and wrongly claimed that Kaleidoscope multidisciplinary working as reduced all referrals to tertiary children's services by 60%. This extrapolation is completely misleading and misrepresents the partnership of hospital and community clinicians involved in that successful integrated clinic.

We are not responsible for implementing this strategy. However, as a provider of community services for the local Lewisham population we are surprised, and concerned, that we have not yet been involved in the work of this Group. As a vertically integrated acute-community provider we understand the challenges of implementing such a strategy and the time it takes to deliver such a significant change.

We believe the TSA's assumptions are ambitious and we are not confident that they can be delivered in the timescale suggested if, indeed, they can ever be delivered in full. We would welcome evidence that reductions of this scale and in this timescale have been delivered elsewhere. We have not been presented with such evidence nor have we seen any evidence that demonstrates care outside of hospital can be provided more cheaply than that within a hospital setting.

[21] Page 11, Appendix I

Conclusion

Whilst we support the aspirations of the Community Based Care Strategy in principle, the lack of supporting evidence or detailed plans gives rise to concerns about its deliverability, in particular the assumed reduction in demand for hospital care in the timescale envisaged by the TSA.

Given that this is a critical element of the transformation plan, we would wish to be reassured that alternative systems are developed and there is evidence that these are working effectively before any significant service changes to acute hospital services can be made. We would welcome, in the TSA's final report, a set of milestones that will need to be met in the shift of care to the community before changes to acute care can take place.

4.7. Education and Training

Our role and reputation

Lewisham Healthcare NHS Trust has an excellent reputation for providing high quality education and training to doctors, nurses and a range of professionally qualified staff. Through our extensive involvement in education and training activities the Trust generated £12m of operating income in 2011/12.

The Trust plays a vital role in medical education and training in south east London. It is the third campus site for King's College London (KCL) medical students and currently we are responsible for the delivery of clinical teaching to over 400 KCL medical students per annum. Lewisham placements are recognised as among the best in the medical school. In addition, more than 150 nursing and midwifery undergraduates undertake placements with the Trust each year together with undergraduate allied health professionals and pharmacists.

There are also 240 post-graduate doctors in training within the Trust each year working in almost all clinical specialities. We have an excellent PMETB survey track record regarding the quality of training placements. In 2011 the Trust was first or second in the south east London sector in the vast majority of specialities for 'overall satisfaction' and in a significant number we were first or second in London. Almost uniquely Lewisham Healthcare has retained its trainee posts despite London cutbacks. Many of those who come to Lewisham as medical trainees become Lewisham consultants.

A 'Routine Foundation Visit' by the London Deanery[22] reported that: *"Foundation training at Lewisham is generally of a high standard. The hospital is felt by trainees to be a 'warm and friendly' place to work. Consultant trainers are reported to be committed to teaching and always willing to provide help and support. The post graduate department has a pastoral ethos which is very much appreciated by trainees."*

[22] London Deanery, April 2011

Impact of the TSA proposals

The proposed changes to the clinical services model and the proposed integration of Lewisham Healthcare with Queen Elizabeth will have a significant impact on medical education and training across south east London. However, **the impact of the TSA's draft recommendations on education and training has not been considered** nor has it been addressed within the TSA's draft report.

Education and training play a vital role in ensuring that the NHS has excellent staff to support the provision of high quality services. It is important that we maintain our role and reputation during integration with Queen Elizabeth Hospital and ensure we are able to maintain the high Lewisham standards across both sites. This will be essential if we are to continue to be a key partner to KCL and to the new South London LETB for the provision of placements for undergraduate and post-graduate medical training.

We believe that, as a single organisation operating across two sites, and including an elective surgical centre of excellence, there would be significant potential not only to maintain our existing good record but to be able to provide a range of interesting and enhanced opportunities for trainees working within the new organisation. It will provide new and exciting training opportunities including community slots (already being developed by Lewisham) and intensive elective surgery experience which is sorely lacking for many existing London surgical trainees.

We have the support of King Health Partners, in their role as Local Education and Training Board (LETB) for South London, and of the Deanery to continue in this role.

"Lewisham Healthcare is a critical part of Kings College London's (KCL) offer to medical students. The clinical teaching and education it provides at undergraduate and postgraduate levels is both highly rated and vital for the KCL curriculum and post-graduate programmes. Students and trainees have consistently rated attachments at Lewisham at the highest level."[23]

4.8. Estate

The TSA proposal

We have been clear in this response to the consultation process that, with the exception of the elective surgery centre, we do not support the TSA's clinical reconfiguration recommendations. With respect to the estates plan, **we believe that the TSA proposals for the Lewisham site,** provided in Appendix K to his report, **are unworkable and would not provide the capacity to deliver the clinical service configuration he has proposed for the site.** We have not been provided with the detailed proposals for the QEH site but, for the sake of completeness, we provide here our own assessment of the TSA estates plan for the Lewisham site for the service model he has proposed and which we oppose.

[23] Professor Bruce Hendry, Professor of Renal Medicine, Kings College London

The TSA's Estates Option for the Lewisham Hospital site, proposed to deliver the service model outlined by the TSA, identifies that 58% of the site would be available for disposal. Our concern about these proposals has led us to commission a specific review of the TSA estates assumptions using expert professional healthcare planning advisors. Our detailed report is provided at Appendix 2 of this response to consultation.

The TSA proposals are based on very demanding utilisation and productivity assumptions and we have seen no evidence that such demanding productivity has been achieved anywhere in the NHS. Whilst we accept the need to use space and capacity more efficiently, we believe that these productivity assumptions require further clinical review and agreement. However, the assumptions are not challenged in this response to enable us to reach a 'like for like' comparison.

Our view of the proposal

The TSA draft proposals are based on information provided by individual Trusts and we broadly accept the data for Lewisham in the high level Optimised Model. Our advisors have concurred with the TSA assessment of theatre requirements for the 2017/18 Reconfigured Option based on the very challenging theatre productivity assumptions that have been adopted. They have also undertaken an activity-based review of imaging requirements and consider the allowances for imaging are broadly appropriate. The assumptions for slow-stream inpatients are also accepted.

However, there are 5 key core areas where their assessment differs from the TSA proposals and these have a significant impact on the space requirements to deliver the recommended TSA model and, therefore, the site plan. The details of these discrepancies are detailed in the report attached as Appendix 2 but, in short, additional floor area required is a minimum of 17,110 square metres.

The five key discrepancies can be summarised as follows:

1. Errors in the bed calculations for the Lewisham site.
2. Under-provision of space for outpatient services simply because the wrong design guidance has been adopted. (The space standards adopted relied on the Health Building Note for primary and community care services and not the design guidance for outpatient departments.)
3. Exclusion of some outpatient services planned to be provided on site – such as chemotherapy, outpatient therapies and specialty-specific equipment, treatment and investigations.
4. Exclusion of a range of both clinical and non-clinical support services, which would need to be retained on site, including:
    - Pharmacy: the TSA plan does not include any pharmacy provision and this will be required to support both the inpatient and outpatient services to be retained on site;
    - Pathology: whilst the main laboratory could be provided elsewhere and a hot laboratory will be required to support inpatients and outpatient services;
    - Education and training: the draft report does not address the future of education and training and there is no reference made to it in the site plan.

As an absolute minimum a skills lab with some Education and Training space is required at Lewisham;

- FM hub and non-clinical support: whilst the TSA solution includes a central kitchen, there does not appear to be any allowance for other essential FM Services including linen store, materials management, body store, equipment management etc. In addition, it appears that Main Entrance, trust administration, facilities and other clinical support have been overlooked in the TSA high level review.

5. Maternity Services: The TSA estates option makes no provision for maternity services even though the draft report itself includes an option for the retention of maternity services on the Lewisham site. Maternity services are provided in 'A Block' on the site – a building that the TSA's plan assumes can be cut in half and part demolished. The mechanical and electrical services plant rooms for the building are in that part of the building assumed for demolition and would need to be retained. Maternity services are also located in that part of the building and would not require additional space.

Estates Solution

Our advisor's reviewed the TSA proposed estate configuration when they had completed their assessment of the capacity and space required to support the TSA's proposed model of care for the Lewisham Hospital site. The site currently has 82,920 sqm (gross internal area) of accommodation including the Ladywell Unit occupied by South London and Maudsley Foundation Trust. The TSA Estates Option retains 43,300 sqm of space representing a disposal of 48% by building area. However, the work we have commissioned from expert healthcare planners has demonstrated very clearly the shortcomings in the TSA work and confirmed the need for a minimum additional 17,000 square metres to accommodate the services identified by the TSA along with maternity. This equates to retaining most of F Block and H Block as detailed in the site plan retained in Appendix 2. Other solutions are possible. However these buildings accommodate many of the services to be retained (imaging, main entrance, UCC) and therefore keeping these buildings reduces capital cost and the timescales for delivery.

Site access and site disposals

LHT has also engaged technical advice to confirm that site allowances in the TSA Estates Option are sufficient for site access for public and deliveries and for car parking for staff and visitors. Having considered other requirements and retained buildings they estimate a disposal opportunity of 2.05 hectares compared to the TSA assumption of 3.39 hectares. The local authority has advised us that a more realistic disposal price per hectare would be £3.3m, not £5.5m as suggested by the TSA. This, when considered with the Trust's assessment of the disposal opportunity, means that the savings that the TSA can expect to make from the UHL site are substantially reduced.

Capital Costs

Based on the estates solution outlined in Appendix 2, we have been advised that the capital cost of the Lewisham option, including maternity, equates to the TSA

assumed cost of £55m, which excludes maternity. In addition, Appendix K of the TSA draft report identifies £21.5m capital development on four other hospital sites (PRUH, QEH, St Thomas's and KCH). Information provided by the TSA team (following publication of the report) indicates that £18.5m of this cost is for additional maternity capacity and could, therefore, be avoided along with the associated annual operating costs for that additional space.

Conclusion

We have commented that we do not support the TSA's clinical reconfiguration recommendations. In addition, in terms of his proposed site plan for Lewisham, having reviewed the TSA proposals we consider that insufficient capacity is included in the Lewisham Estates Solution for buildings and site, even to deliver the services he has proposed for the site. We recognise the high level approach adopted by the TSA Team necessitated by the challenging timescales for developing the draft TSA report but wonder why the TSA did not take the same approach as we have done in engaging appropriate expert advice.

We are clear that the site plan proposed will not accommodate the clinical service recommended for the Lewisham site by the TSA. We recognise we are at the beginning of the process. The comments provided in Appendix 2 are intended to provide the basis for further development of the estates solution and are based on our more detailed assessment facilitated by the time available in the consultation period and our local knowledge of the site and services. The analysis in the review has adopted the very challenging productivity assumptions in the TSA report and we believe we have been equally challenging in our estimates of space requirements which will require further clinical and operational review at the next stages.

To date TSA assumptions for the QEH site have not been shared with us in any detail.

5. Recommendation VI: Organisational Solutions

5.1. Lewisham Healthcare NHS Trust and Queen Elizabeth Hospital

We support the recommendation for Lewisham Healthcare NHS Trust to come together with Queen Elizabeth Hospital, as outlined in the TSA's recommendations. However we would want to decide ourselves, in conjunction with local people, GPs and clinical commissioners, what we need to do to continue to provide safe and affordable services for people in Lewisham and Greenwich.

As outlined in the Expression of Interest we submitted during the market engagement process, we feel we are well placed to manage, or provide, services for those living in Greenwich. We see a good fit between Greenwich and Lewisham, particularly in terms of the characteristics of the local populations, the health inequalities that need to be addressed, the range of services provided on the acute sites, the choices we know patients make in terms of travel plans and the ambitions and aspirations of the local stakeholders in health and social care. The proposed integration will create an organisation able to provide a comprehensive range of high quality clinical services, ensuring patients will continue to have a choice of provision locally. We believe the proposed integration will help maintain a choice of providers for patients in south east London.

We see that there would be opportunities for operational improvement and cost reduction from integrating Lewisham Healthcare NHS Trust with Queen Elizabeth Hospital primarily through sharing best practice in operational performance and cost improvement programmes across the two sites and committing to standardising at the highest level. We believe that information systems, and in particular the implementation of Electronic Patient Record (EPR) and Virtual Patient Record (VPR) systems, will be a critical component underpinning successful bringing together of the two organisations. We would be concerned about any delay to the EPR implementation which would not only adversely impact delivery of our own cost improvement plans but also impact the potential savings from integration.

We believe there is scope for rationalisation of acute services across the two sites but that these opportunities would be optimised through allowing the new organisation to make decisions on the clinical service models rather than the TSA's prescriptive approach. In our experience, initial over-prescription weakens ownership and makes it more difficult to secure the support and commitment of partners essential to the delivery of change, whereas the necessary focus on delivery and assurance for commissioners can be provided by the overall framework of resource set by the planning assumptions. A prescriptive approach as outlined by the TSA cannot deal with new developments or evolving situations, something that we believe will be essential for the new organisation given we are operating in a time of rapid change. We recognise that the financial envelope within which the new organisation must operate will require significant service change and are committed to working cooperatively with our local partners to delivering that change.

Whilst we are clear that it would be right for Queen Elizabeth Hospital to join LHT, our collective Board and management's extensive experience of mergers has taught

us that detailed planning is a pre-requisite of success and is most effective when it is developed and owned by those charged with taking the new organisation forward

We understand the TSA's requirement for speed, driven by the constraints of the Unsustainable Provider Regime, but **our organisation will need to receive assurance in a number of key areas to demonstrate that this new organisation can be viable going forward**. Such assurances would include but would not be limited to:

- confirmation that the expensive PFI costs of Queen Elizabeth Hospital are covered and that the support is embedded in a binding agreement
- clarity on the Queen Elizabeth Hospital balance sheet assumptions; and assurance of financial viability;
- transparency over the process for determining the transfer of staff to the trust;
- clarity on the contractual arrangements for elective surgery coming to LHT;
- confirmation of the adequacy of transitional funding to deliver this significant change.

Such assurances are a minimum requirement highlighted by Monitor and DH in their Transactions Manual and, indeed, financial viability is one of Monitor's key compliance tests for Foundation Trust authorisation. As an aspirant Foundation Trust we regard it as a duty of our Board to have conducted an appropriate due diligence process. The assurances we seek will require access to information not readily made available to us during the consultation process but which must be available as soon as the TSA Report has been finalised to enable thorough completion of appropriate Board-led due diligence.

A key aspect must be the assurance of adequate income streams for the new organisation. Maintaining key local services on the Lewisham site will be important to prevent existing activity and income unnecessarily flowing out to other providers. We must have clarity about the detailed assumptions relating to the break-up of South London Healthcare Trust and, in particular, how income, costs, saving plans and workforce are to be apportioned across the three sites prior to transfer. It is essential that we undertake the necessary full due diligence to ensure we fully understand the detailed assumptions and ongoing financial position of Queen Elizabeth Hospital at transfer and that transitional funding is made available at the right level to enable future financial viability of the new organisation.

The proposed integration will have a significant impact both on our staff and those at Queen Elizabeth Hospital. Detailed work needs to be done to plan for the two organisations to merge, including agreeing the form of the new organisation, designing the corporate structures and roles within the new organisation and the process by which those roles are filled.

Our response to the other proposals included within Recommendation VI of the TSA's draft report is included in section 6 of this document.

6. Our comments on the other TSA Recommendations

6.1. Recommendation I: Operational Efficiency - South London Healthcare Trust

We support the proposal for the hospitals that make up South London Healthcare Trust to improve their operational efficiency to be in line with best performing NHS Trusts.

We understand that a detailed cost saving programme is being developed for the Trust overall and for the three individual sites. However, we wish to be clear about the underlying assumptions upon which these are based and to be reassured as to their deliverability.

We note the significant planned savings in medical and nursing staff costs and would wish to see sufficient detail underlying these in order to be assured that these planned savings could be achieved without adversely impacting quality and provision of front-line clinical services.

6.2. Recommendation II: Queen Mary's Sidcup - Bexley Health Campus

We broadly support the proposal to develop Queen Mary's Sidcup into a Bexley Health Campus and for the facility to be owned by Oxleas NHS Foundation Trust.

However, we want to be advised of any implications relating to occupation of Oxleas House, a PFI building on the Queen Elizabeth Hospital site, by Oxleas NHS FT which is currently a sub-contracted tenant. Any PFI or income impact relating to this will need to be addressed.

We note the intention of providing day surgery on the Queen Mary's Sidcup site, in the first instance by Dartford and Gravesham NHS Trust. We would wish to explore the opportunity for the new Lewisham-Queen Elizabeth organisation becoming the provider of this service in the future should significant day provision remain on that site, particularly given our Trust's existing excellence as a day surgery centre and the links to the development of the elective surgical centre.

We note the intention of Oxleas Trust to develop a mental health centre of excellence on the Queen Mary's Sidcup site specifically for Bromley and Bexley patients. We would wish to ensure that this does not adversely impact acute mental health care of Greenwich patients seen on the Queen Elizabeth site.

6.3. Recommendation III: Estate Rationalisation - South London Healthcare Trust

We support the recommendation to exit or sell vacant and poorly utilised estate in Bromley and Bexley and assume no direct impact for our trust.

6.4. Recommendation IV: Funding of PFI – South London Healthcare Trust

We support the recommendation that the DH, on an annual basis until the contracts end, provide additional funds to cover the excess costs of PFI buildings at Queen Elizabeth and Princess Royal University Hospitals.

However, we need assurance that the level of additional funding provided will adequately meet these costs going forward.

We know that, on the Queen Elizabeth Hospital site, the PFI for managed medical equipment, which is separate to that of the buildings, comes to an end in 2015 and require assurance that adequate funding has been identified, and will be available to cover the termination liabilities, which could be significant.

6.5. Recommendation VI: Options for Princess Royal University Hospital

We need to be assured that King's College Hospital (KCH) are committed to the elective surgical centre development on the University Hospital Lewisham site and that they will agree to refer all appropriate elective surgical work from KCH and the Princess Royal University Hospital to this centre. We wish to be assured about KCH's ongoing commitment to the provision and future development of rehabilitation services on the Lewisham site.

We also wish to ensure that this acquisition of the PRUH does not divert Kings Health Partner's attention away from its work to broaden and strengthen research, education and training across south east London.

7. Appendices

Appendix 1: Maternity

'Response to TSA Birth Rate Forecast and Patient Flow Assumptions', paper submitted to the Expert Clinical Panel, 12th December 2012

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Appendix 2: Estates

'Review of TSA Draft Proposals: Estates Option, Lewisham Healthcare NHS Trust', Final Report 7th December 2012, Healthcare Partnering

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