

Heidi Alexander MP's covering letter to her response to the Trust Special Administrator's consultation on the draft report for the South London Healthcare NHS Trust and the NHS in South East London

Matthew Kershaw
Special Administrator to the South London Healthcare Trust

By email: matthewkershaw@nhs.net
tsaconsultation@nhs.net

13 December 2012

Dear Mr Kershaw

Securing Sustainable NHS Services: Trust Special Administrator's draft report for South London Healthcare (SLHT) NHS Trust and the NHS in South East London

Please find attached my response to the above consultation.

My comments relate primarily to the proposals contained within the draft report for changes to Emergency and Maternity provision within Lewisham Hospital. I am firmly opposed to the proposals to replace Lewisham's A&E with an urgent care centre and to downgrade/potentially close maternity services.

I am today sending you, by recorded delivery, an electronic copy of the petition which I delivered to Number 10 Downing Street on Friday 7 December 2012 which calls for a full, admitting A&E and full maternity service to be retained at Lewisham. The first page of this petition is attached to this email. 32,186 people had signed the petition at the time it was submitted. Online signatures are still being collected. Should your final recommendations to the Secretary of State reflect those in your draft report, I will deliver all additional signatures collected to the Department of Health in January.

In my attached response, I also outline my views about the recommendations in the draft report which propose an elective care centre at Lewisham, those which relate to a possible merger between Lewisham and the QEII in Woolwich and those in respect of central Government support for excessive PFI costs.

As you will know from discussions we have had during and prior to the consultation process, I have serious concerns both about the substance of the proposals contained with the draft report but also about the way in which the Unsustainable Providers' Regime (UPR) has been used in South East London.

I am not convinced that the UPR regime enables changes to be made to Lewisham. Lewisham Hospital is not part of the Trust to which you have been appointed. I would question whether the Secretary of State has the power in law to take a decision about services at Lewisham based upon the process that has been undertaken. The statutory guidelines for Trust Special Administrators states that

the UPR should not be used a “backdoor approach to reconfiguration”. I would contest that this is exactly what it is happening in South East London.

You will also know from my letters to the Chief Executive of the Equality and Human Rights Commission and the Secretary of State for Health (dated 5 December and 11 December respectively) that I do not believe that you have met the requirements of the public sector Equality Duty (PSED) of the Equality Act in conducting your work nor do I believe that the public consultation is consistent with Cabinet Office Consultation Guidelines.

I appreciate that the task facing you and your team is not an easy one. Whilst there are elements of your draft report with which I agree, I cannot accept your recommendations in relation to Emergency and Maternity Services at Lewisham.

I would be grateful if you could acknowledge receipt of this email and its attachments. I have copied this correspondence to the Secretary of State for Health so that he is fully aware of my views.

Yours sincerely

Heidi Alexander MP
Member of Parliament for Lewisham East

Heidi Alexander MP's response to the Trust Special Administrator's consultation on the draft report for the South London Healthcare NHS Trust and the NHS in South East London

Securing Sustainable NHS Services: Trust Special Administrator's draft report for South London Healthcare (SLHT) NHS Trust and the NHS in South East London

Response from Heidi Alexander MP (Member of Parliament for Lewisham East)

Proposal to concentrate Accident and Emergency Services at Kings, Guys & St Thomas', the QEII (Woolwich) and the PRU (Farnborough)

The proposal to concentrate accident and emergency services at four sites in South East London means that the A&E Department at Lewisham would cease to exist. As I understand it, this has knock-on impacts on the intensive care unit and high dependency unit. The excellent children's A&E would also cease to exist.

I am opposed to this proposal.

The report suggests that an urgent care centre, located at the hospital, would still treat 77% of patients currently treated at the A&E. I do not believe 77% of people who currently use the A&E at Lewisham would still be treated there.

Analysis conducted by doctors within the Emergency Department suggests that the projections contained within the draft report are based on an underestimation of the numbers who are currently treated by Lewisham's emergency department and an underestimation of the severity and nature of cases dealt with by them. I am not convinced that people would choose to present at an urgent care centre and I am not convinced that GPs would send their patients there. This has long term implications both in terms of patient choice but also patient convenience and additional demand for ambulance services.

Whilst I believe that some emergency services can and should be centralised (as has been the case with stroke, heart attack, major trauma and vascular services in London), I am concerned about the implications of losing Lewisham's admitting A&E for the acute medical cases that currently present at the hospital. I have read the submission to the consultation made by Dr Tony Sullivan and support the comments he has made.

The additional journey times to neighbouring hospitals appear to have been woefully underestimated. I am told that the projections are based on there being "no traffic". As someone who has lived in Lewisham for over 10 years, I do not recognise the estimates made of how much longer it will take to travel to the QEII, the PRU or Kings. I am concerned about the implications for people without private transport. Car ownership is significantly lower in Lewisham than elsewhere in the country and public transport journeys to neighbouring hospitals are not straightforward.

One of the underlying assumptions in the draft report relates to the ability to reduce the need for secondary care by 30%. Whilst I support the proposals contained within the Community Based Care Strategy, I do not believe any evidence has been provided to support the claim that this can be implemented (and outcomes achieved) in the timeframe associated with the changes to hospital services. If this is not achieved, the demand for secondary services simply shifts to other hospitals.

The A&E departments in neighbouring hospitals to Lewisham are operating at, or near, capacity. If it is not possible to reduce the need for acute services in a timeframe consistent with proposed hospital

service changes, then the estimated additional capital (and revenue) needed to accommodate displaced demand will increase.

The existence of a full A&E service at Lewisham is also vital if a full maternity service is to be retained (see comments below). Furthermore, it fulfils a very important function in relation to acute mental health patients and it is not clear to me how alternative, suitable provision could be made for this patient group. The partnership work carried out by the A&E department with other public sector agencies is also highly valued – both in terms of child safeguarding but also with respect to elderly admissions.

Lewisham's population is rising (it has increased 10% in the last 10 years alone). It has some of the highest birth rates in the country and I do not believe future population increase has been adequately dealt with in the draft report.

Proposal to concentrate Maternity Services at Kings, Guys & St Thomas', the QEII (Woolwich) and the PRU (Farnborough) and the Proposal for an Obstetrics-led Maternity Unit at Lewisham

There are two options contained within the draft report in respect of maternity services in South East London.

One option suggests the consolidation of maternity services at the four sites proposed to retain A&E departments. The second option suggests an obstetrics-led department at Lewisham. I understand that the latter would represent a downgrade in the services currently available at Lewisham; more women, believed to have a "higher risk" pregnancy would give birth to their babies at other hospitals and that there could be some women (albeit arguably small in number) who may have to transfer during their labour to other hospitals should complications develop.

I am opposed to the consolidation of maternity services onto 4 sites. I want a full maternity service to be retained at Lewisham Hospital. I believe that a full A&E service needs to sit alongside that department.

Lewisham has one of the highest rates of teenage pregnancies in the country. It also has a higher than average proportion of women over 40 giving birth at the hospital. Its maternity services have improved significantly in recent years, demonstrated by the growth in the number of women from outside the borough who now choose to travel to Lewisham to give birth. Given the characteristics of women giving birth in Lewisham (especially very young women), I think the proximity of the hospital to home is critical. I also believe that continuity of care is very important for these women. I do not think they should have to see one set of medical professionals for their ante-natal appointments, only to be sent somewhere completely different for their labour.

Over 4000 babies were born at Lewisham last year. This number is set to grow. I do not believe sufficient capacity exists in neighbouring hospitals to deal with the influx of births from Lewisham. I am concerned that the transition plan may underestimate the future demand for maternity services and hence believe a full maternity unit must stay at Lewisham.

In respect of the proposals for an Obstetrics-Led unit at Lewisham, I am far from convinced about the safety of the proposals as outlined in the draft report. My preferred option is therefore to retain a full maternity service. Should this not be recommended to the Secretary of State, I would like to see significant reassurances about the safety of an Obstetrics-led unit before I could give it my support.

Proposals for an elective care centre at Lewisham – including my views on proposals to sell off over 50% of the current Lewisham Hospital Site

The proposals for the elective care centre at Lewisham do not compensate for the proposed closure of A&E and maternity.

Whilst I would much rather Lewisham retains its full A&E and full maternity service, I have mixed views about the elective care centre proposal. In some ways, having an elective care centre at Lewisham is arguably better than not having it, but I question whether the 44,000 operations per year planned for such a centre would materialise. I am not convinced other hospitals would be willing to give up this work.

The plan for the elective care centre (in conjunction with the proposals for maternity and A&E at Lewisham) would also require a complete reconfiguration of the buildings at Lewisham.

I am appalled that the consultation does not include a direct question about the sale of over 50% of the current Lewisham Hospital site. Given my views about the A&E and maternity services, I oppose the sale of the land and believe that the consultation and draft report should have been clearer about this element of the proposals.

In general, I believe that transition costs (both capital and revenue) associated with service reconfiguration have been underestimated. Yet capital receipts (for example of the land at Lewisham) appear to have been overestimated. The financial benefit of disposing of buildings at Lewisham, only to have to reinvest large sums on both the Lewisham site and elsewhere so that sufficient capacity within the health system exists to deal with demand for secondary care, is unclear to me.

Planned merger of Lewisham Hospital and the QEII in Woolwich

I am not opposed in principle to a merger of Lewisham Hospital and the QEII in Woolwich. I am concerned that it may result in the former being adversely affected both financially and in management terms, given the pressures at the QEII and believe that this needs to be safeguarded against. I understand that the populations of Lewisham and Greenwich have similarities and whilst I know many people in Lewisham would naturally travel to hospitals to the West of Lewisham, as their first alternative to Lewisham, I could see how the good management and governance developed within Lewisham over the last few years may benefit QEII in future.

Central Government Support for Excessive PFI Costs

I support the recommendations in the draft report about central Government support for excessive PFI costs. However, it is not clear to me exactly what constitutes “excessive”. The actual amount of annual support forthcoming from Government will be critical in terms of the ongoing viability of any new organisations.

Heidi Alexander MP's letter to the Secretary of State for Health, Rt Hon Jeremy Hunt MP, regarding concerns with the Trust Special Administrator's consultation

Rt Hon Jeremy Hunt MP
Secretary of State
Department of Health
Richmond House
79 Whitehall
London
SW1A 2NS

11 December 2012

Dear Jeremy

South London Healthcare Trust – TSA public consultation

I am writing to request an urgent meeting with one of your Ministers regarding the public consultation that has been carried out in respect of the draft recommendations of the Special Administrator appointed to the South London Healthcare Trust.

As you will know, the consultation is a 6 week process and many of the recommendations which are being consulted upon, particularly in relation to Lewisham Hospital, are highly controversial.

Whilst I appreciate the timetable is defined by statute, I am appalled by how difficult it is for people to make their views about the proposals known to the TSA.

Questions in the Consultation and Online Response Form

The online consultation is complex and opaque. Prior to answering the first consultation question, text appears on a page which stipulates "Please read Chapter 5 of the consultation document before answering the following questions" This in itself is enough to put some people off. For my constituents, who are concerned about Lewisham Hospital, they have to scroll through to Question 13 before getting to the key issue and then some are unclear about exactly what they are answering.

Having sent a link to the consultation to a large number of my consultants, I have had numerous people contact me to tell me that they simply gave up because it took so long. Others have told me that the website timed out – some started again, other just gave up (I enclose a selection of those emails).

As I allude to above, the question which relates to the reconfiguration of acute and emergency services does not make it clear what is being proposed in respect of the A&E in Lewisham. There is no question which relates to the sale of over half of the land and buildings at Lewisham Hospital (the only question that relates to the sale of assets is specifically about SLHT, of which Lewisham is not a part).

Availability of Hard Copy Consultation Documents

There are many people who wish to respond to the consultation who are not online. They were delays in hard copies of the consultation being sent out to local libraries and I have also been contacted by constituents who tell me that when they have requested hard copies to be sent to them at their own address, there have been delays in these being received. Given the 6 week consultation process, I am at a loss to know how this can be justified.

Public Consultation Meetings

Having attended the public consultation meeting at the Calabash Centre in Catford on Wednesday 4 December, I am also concerned about the quality of response that will have been gathered from this element of the consultation process. In Catford, over 100 people were left standing outside because there was insufficient room in the venue. The meeting was always going to be heated but, in my view the chair, could and should have handled the meeting differently.

I appreciate the consultation is due to close this Thursday (13 December 2012) but I feel you and your Ministers should be aware of these problems. I would be grateful for an opportunity to explain these concerns in more detail in person and look forward to hearing from you.

Yours sincerely

Heidi Alexander MP
Member of Parliament for Lewisham East

Cc: Mr Matthew Kershaw, Trust Special Administrator

The three Lewisham MPs' letter to the Chief Executive of the Equality and Human Rights Commission regarding the impact of the Trust Special Administrator's proposals on equality

Mark Hammond
Chief Executive
Equality and Human Rights Commission
3 More London
Riverside
Tooley Street
London
SE1 2RG

5th December 2012

Dear Mr Hammond

We are writing to you on behalf of the people of Lewisham, who are in danger of losing vital NHS services.

The NHS Trust Special Administrator has reported his draft findings on the viability of NHS services being provided out of South London Hospital NHS Trust and within the wider health economy of South East London. The report is titled "Securing sustainable NHS".

The TSA is now consulting on his draft recommendations. The period of consultation ends on 13 December. Final recommendations will be made to the Secretary of State for Health by 7 January 2013, with final decisions scheduled for 1 February 2013.

Full details of the TSA's above work can be accessed at <http://www.london.nhs.uk/what-we-do/our-current-projects/office-of-the-trust-special-administrator--south-london-healthcare-nhs-trust>

The TSA's reports can be accessed at <http://www.tsa.nhs.uk/document-downloads>

Two critical recommendations concern University Hospital Lewisham NHS Trust. The TSA has recommended that the hospital ceases to have an admitting A&E department and that maternity services may be removed.

We have reviewed the TSA's draft report and Annex H of the draft report in particular. We believe that the TSA's approach to equality is flawed, and maybe seriously so.

Annex H comprises a "Health and equalities impact assessment scoping report".

In this report, a high-level desk exercise has been conducted to try to understand the potential impacts of the TSA's recommendations for people and communities whose

characteristics are protected by the Equality Act. (The desk exercise also focused, to a greater extent, on broader health inequalities. But this letter focuses on individuals and communities with characteristics protected by the Equality Act.)

As a result of the TSA's desk exercise, various conjectures are put forward about the positive and negative impacts of the TSA's recommendations. For almost all of these potential impacts, the TSA remarks that they will be further explored in a full Health and Equalities Impact Assessment (HEIA), which will be carried out for the TSA by Deloitte. Annex H concludes by pointing out how further stakeholder engagement will be held, as part of the full HEIA, in order to gain more insight and consider how to mitigate the consequences, or enhance the benefits, of the TSA's recommendations.

In our view the process adopted by the TSA falls foul of the public sector Equality Duty (PSED) of the Equality Act on two counts.

First, the TSA should have paid due regard to the general duty of the PSED as he put his programme of work together and executed it, and drew up his recommendations. In doing so, he should have engaged with local communities and stakeholders, in all their diversity. But there is no evidence that the recommendations made by the TSA reflect any of the legal requirements of the general duty. In fact, the desk exercise carried out by the TSA is superficial, random and shows little or no appreciation of the lives led by the public including NHS staff. We believe that the TSA's recommendations should only have been published once he had fully understood the impacts of them on the diverse communities of South East London. Indeed if he had fully understood all these consequences, then his recommendations might have turned out to be different.

Second, there is little or no point in Deloitte carrying out a full HEIA if the only purpose of it is to help think through how to mitigate any adverse impacts of the TSA's recommendations or enhance the positives. The full HEIA should have helped shape the recommendations that are being consulted on.

In its regulatory and monitoring role, we request that the EHRC investigates the way in which the TSA has carried out his business in South East London. We further request that you act swiftly as irrevocable and damaging changes to health services in Lewisham and beyond may be made if the TSA's recommendations are accepted and implemented.

This letter is copied to the Secretary of State for Health, Sir David Nicholson, NHS Commissioning Board, Dame Ruth Carnell, NHS London, Matthew Kershaw, the Trust Special Administrator, and Barbara Limon at EHRC.

Yours sincerely

Heidi Alexander MP, Member of Parliament for Lewisham East
Joan Ruddock MP, Member of Parliament for Lewisham Deptford
Jim Dowd MP, Member of Parliament for Lewisham West and Penge

Copies:

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