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Dear Mr Kershaw

Thank you for the opportunity to respond to the result of your work reviewing the provision of healthcare services in south London – the Securing Sustainable NHS Services report. The information used to prepare this response has come from discussion with our members at local workplace meetings, branch meetings, attendance at public meetings, our work in partnership with employers and comments sent directly to the region.

The Royal College of Nursing (RCN) has made clear its position on the use of failure regimes in the NHS and you will be aware that the RCN has previously said that we are <sup>(1)</sup>:

“...very concerned about any failure in the NHS. That’s because our members want to deliver safe, high quality care. Nurses are increasingly struggling to do so because of a number of complex and inter-related factors which affect the NHS more generally:

- Increasing demand as the population ages (although some are ageing healthily) and perhaps also as patients expect more
- Drive for efficiency as the NHS budget will not keep up pace with the growth in demand.

At the front line, staff are struggling to deliver safe, high quality care because of inappropriate staffing (too few, and not always an appropriate mix) amongst the myriad other variables which interact: the environment, workforce, and systems of care etc.”

Further, the RCN believes that the reconfiguration of South London Healthcare Trust (SLHT) needs to be well managed and focus on long-term sustainability; not short-term priorities which will damage patient care and further erode staff morale or encourage more to leave the service.

The RCN wants key stakeholders to work together to plan changes that put patients first, that are sustainable and that avoid the need to go through yet more upheaval in the future and which involve health trade unions, including the RCN. We acknowledge the extensive staff and public engagement exercises that have taken place to date but also note the extreme anger that has greeted some of the proposals and urge further discussion on these.

The RCN believes that any reorganisation of services must allow the profession to deliver care in accordance with the RCN Principles of Nursing Practice.<sup>(2)</sup> The RCN believes that allowing staff to meet these principles in an appropriately staffed and resourced environment allows the best chance of improving patient outcomes.

Across the south of London, the RCN has approximately 12,000 members engaged in every form of healthcare delivery. While we are optimistic for the future that you describe, there are areas of your report we cannot support, as well as concerns we have over its content. We believe these are made clear in this response but would welcome the opportunity to meet with you and discuss them further.

We also support the principle that solutions to these problems come from within the NHS, rather than tendering processes for independent sector provision. The RCN notes the question on Page 51 of the document, asking if solutions should be through procurement from the independent sector for the future of the Princess Royal University (PRU) Hospital and are pleased that the NHS will remain the provider here.

The RCN believes that fragmentation of service delivery through plurality of providers may present a risk to long-term safe healthcare provision and are pleased this will not occur at the PRU.

During meetings with staff, they have often raised concerns over the tendering out of services and the implications for their terms and conditions and ongoing employment, their pension provision and continuing professional development. We hope the decision that services remain NHS-provided will allay some of these fears and that where change is proposed, note is taken of changes to journeys to work and the impact on family and carer responsibilities our members may have.

There is wide diversity within south-east London bringing with it richness and challenge. The RCN believes that a significant area of weakness in the TSA report is that a full health and equalities impact assessment has not yet been completed.

A key concern for the RCN is that the outcome of the TSA recommendations results in better not worse services in south-east London and that the focus is as much on the quality and safety of patient care as it is on financial imperatives.

We have responded to the consultation using the recommendation numbering used in your report.

### Recommendation 1

The RCN endorses the recommendation that efficiency of health care delivery in south London's NHS trusts is improved. It is clear that despite the best efforts of the trusts, the scale of the problem they faced is insurmountable. However, we do wish to raise the following notes of caution.

Firstly, it is not clear whether the comparator group of trusts you refer to relates to clinical outcomes or financial efficiency. We are clear that reducing the spend on the nursing workforce must not be used as a shortcut to realising financial savings.

You will, I am sure, be familiar with the work the RCN has done recently<sup>(3)</sup> that highlights the clear correlation between increased nurse staffing levels and improved clinical outcomes, and the work done that shows the benefit of making best use of senior nursing staff to improve supervision and care at the bedside.

While we note that you state other Trusts deliver the same clinical results with fewer staff, it does not necessarily mean this would be repeated in SLHT. Clinical outcomes could worsen if the workforce was reduced and we note there is no safeguard against this built into this aspect of your work.

It is vital that safe staffing levels are provided that ensure the CQC essential standards are maintained. When reviewing the nursing workforce, we urge that Trusts use a minimum of three recognised workforce management tools and that decision-making on this is retained by the appropriate local nurse leaders.

However, reaction from members is fiercely opposed to any suggestion of a reduction in nursing establishment raising valid concerns for the impacts of any such move on patient safety.

### Recommendation 2

The RCN supports the move to create a Bexley Health Campus at Queen Mary's Hospital Sidcup.

Oxleas NHS Foundation Trust is a high-performing Trust that is financially stable and there is evidence of it performing well in recent NHS Staff Surveys. We believe it would enjoy the confidence of members in taking on this new role so long as effective staff partnerships and communications are maintained.

We note also the experience that Oxleas has in taking on the management of Shooters Hill Memorial Hospital and hope Oxleas can draw on this experience.

### Recommendation 3

The sale of land at Queen Mary's Hospital:

The RCN supports this sale but expects that any capital released is used solely for the continuity of patient services.

The sale of Orpington Hospital:

The RCN supports this approach but again expects any capital realised will be used solely in the continuation of patient services.

Ending SLHT's lease of the Beckenham Beacon:

The precise nature of the future role of the Beckenham Beacon is unclear from page 22 of the recommendations. The RCN would support moving services to Bromley with the proviso that there must be as little disruption to patient care caused by the transfer of services as possible and no loss of services to residents from neighbouring areas that may use the Beacon. The document then goes on to state that services won't be stopped at the Beckenham Beacon, just that it won't be SLHT providing them.

The RCN is concerned though that if services are removed from the Beckenham Beacon and no new tenant can be found, that the NHS will simply exchange one set of underused estate for another and the liability on this will pass to another body. We would ask for greater clarity around this.

#### Recommendation 4

The RCN supports the move to ensure the Department of Health (DH) provides additional funds to cover the costs of the relevant PFI processes. The RCN in particular welcomes the sharing of responsibility between the DH and Trusts for management of these processes. The RCN is not clear, however, if the proposed £25.1 million for the year 2015/16 is enough. There are insufficient assurances in the document that future efficiencies and income generation will be enough to stop SLHT needing further assistance in the future. It is also unclear how the figure of £25.1 million has been reached.

We would also seek assurances that ongoing payments cannot be overturned by changes in NHS or government administrations, so as to allow these Trusts and our members a degree of security.

#### Recommendation 5

The RCN supports the move to create efficient and safe community care programmes. However, we do not believe that there is sufficient detail in the document to endorse the proposals you have put forward. You will be aware of the work the RCN has carried out showing the extreme pressure that community nursing services are under<sup>(4)</sup> and little in this document dissuades us from the view this will change.

There is no detail put forward around how community nursing teams will be strengthened or that guaranteed funding will be available for their development. All too often, the NHS has heard that services will be moved into the community under an acute to community shift but there has not been adequate resources put in place to make this a reality. This clearly would need to be addressed.

The provision of emergency and acute care services:

The RCN does not support the downgrading of services at Lewisham Healthcare NHS Trust. You will be aware that the proposed reduction of services at Lewisham Accident and Emergency (A&E) is the part of the report which has caused some of the greatest public and staff anger. Many senior clinicians from Lewisham and the local area have openly said that the clinical case for this change is inadequate and will put the trust and the public at risk. Neighbouring services will not be able to cope and the distance in travel times and lack of transport links will be detrimental to health of non-ambulance attendees. When these clinicians speak, they are putting their patients not their own feelings first. The potential loss of a full 24-hour emergency service at Lewisham, allied to the loss of complex surgery, will potentially see the trust lose its intensive care and emergency theatre provision in the future.

The public have raised concern at the inadequate transport links between sites and many have openly said they will travel to sites other than those the TSA wishes to see them use because of better transport links.

We acknowledge that changing service provision is never easy. However, the change you propose unites many clinicians, members of the public, professional and trade organisations, and local and national politicians against it. With this lack of clinical or financial credibility, it is not a change we can support. If there is a need to change the provision of services in Lewisham, it should be done as part of a strategy following the integration of Lewisham Healthcare NHS Trust and the Queen Elizabeth Hospital.

The provision of maternity services at Lewisham Healthcare NHS Trust:

The RCN does not support changes to maternity services at this trust at this time. Again, at all the public meetings we have attended numerous clinicians have stood up to say what a risk to the community and to the health of pregnant women and unborn babies this could present. Services are already overstretched and routinely have to try and transfer expectant mothers to other hospitals. We do not see how service pressures will be remedied under the changes you propose, and again suggest that a much wider review of maternity services in south-east London occurs before further change is progressed.

The loss of complex inpatient surgery at Lewisham:

Again, there seems to be little clinical evidence presented for this change and the RCN believes the risk to the public and the risk to sustainability of services at Lewisham prohibits support for this change. The RCN again calls for a much greater programme to review the need and provision of services for Lewisham that seeks to unite public, professional and political bodies behind change.

### Recommendation 6

Lewisham and Queen Elizabeth Hospital to form a new organisation:

The RCN supports this approach but believes much more work needs to be done with staff and the public to provide support for this. The demography of the areas is very different and any merger will need input from local government, transport agencies and many other allied stakeholders to ensure its success.

The acquisition of Princess Royal University Hospital NHS Trust by Kings College Hospital NHS Foundation trust:  
The RCN supports this.

That the DH writes off debt accumulated by SLHT:  
The positively RCN supports this. The RCN also suggests that rather than relying on contentious clinical change to maternity and A&E services in Lewisham to make financial savings, the DH make up this shortfall as well, prior to looking at further service change.

We believe this would allow new organisations to start in a strong financial state that allows patient need, not financial shortfalls, to be the driver for change.

Thank you for the opportunity to respond to this consultation, and again we would welcome discussion with you over its content. We also believe that as much public and staff engagement is needed in the future as there has been to date, to ensure service design is clinically driven, not financially led.

Yours sincerely

A handwritten signature in black ink, appearing to read "Bernell Bussue". The signature is written in a cursive style with a large initial 'B'.

**Bernell Bussue (Mr)**  
**Regional Director, RCN London**  
**Royal College of Nursing**

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## References

1. RCN Policy and International Department Policy briefing 17/12 NHS Failure Regime. London RCN
2. The RCN Principles of Nursing Practice  
[http://www.rcn.org.uk/development/practice/principles/the\\_principles](http://www.rcn.org.uk/development/practice/principles/the_principles)
3. RCN Policy and International Department Briefing 03/12 Mandatory Nurse Staffing Levels. London RCN
4. RCN Policy and International Briefing 09/12 The Community Nursing Workforce in England. London RCN.