

**Open Letter to:** <sup>1</sup>

Sir Bruce Keogh, Medical Director of the NHS  
Professor Lord Darzi  
Mike Farrar, CEO, NHS Confederation  
Professor Terence Stephenson, Academy of Royal Medical Colleges  
Jeremy Taylor, National Voices  
Dr Hilary Cass, President, Royal College of Paediatrics & Child Health  
Dr Clare Gerada, President, Royal College of General Practice  
Professor Norman Williams, Royal College of Surgeons  
Tony Falconer, President, Royal

**Lewisham**

29 January 2013

**Dear Colleagues**

We write disappointed at recent interventions in the press and television. As influential leaders of the NHS and the Academy of Royal Medical Colleges, we ask you to recognise the immediate context: the proposal to withdraw emergency admitting services from Lewisham Hospital.

**Smokescreens behind which to reconfigure and shut our hospital**

It is regrettable that the contributions from such senior NHS leaders and Royal Medical College leads expressed in several prominent media articles, letters and interviews, have all appeared, with unfortunate timing, within 24 hours of the public demonstration in support of Lewisham Hospital on 26 January, with an impact of undermining the strong defence of local services. It is disingenuous and deceptive to hide behind assertions that NHS change is necessary – reconfiguration in pursuit of excellence – and that anyone who argues against a hospital closure is self-seeking. It is not opposition to change and clinical progress that motivates doctors in Lewisham to defend our clinical services, which are highly performing and financially responsible – Lewisham has worked hard to facilitate successful clinical changes such as stroke pathway. Closing our successful A&E and acute services because of financial imperatives derived from a different trust is an entirely different affair, about which we are justly aggrieved. There is a lack of evidence for the underlying assumption that ‘bigger hospitals are better’, and deliver better outcomes for the range of acute and emergency health needs. This has been challenged out by health economist, Professor Alan Maynard.<sup>2</sup>

Sir Bruce Keogh argues that “change involving closing some services and taking patients to specialist centres where standards were higher” is required. This argument is not valid in the Lewisham context, since reconfiguration of specialist services, including oncology, heart attack, stroke and major trauma, *has already taken place in the south east of London.*

Lewisham clinicians, GPs and trust management are open to necessary change, based on sound evidence (which the Royal Colleges rightly recommend as a prerequisite). We have

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<sup>1</sup> In reply to lead front page Guardian interview with Sir Keogh, Medical Director of the NHS and Professor Lord Darzi, two years as health minister redesigning health services under Labour; and letter signed by Mike Farrar, CEO, NHS Confederation; Professor Terence Stephenson, Academy of Royal Medical Colleges; Jeremy Taylor, National Voices, coalition of health & social care charities; Dr Hilary Cass, President, RCPCH; Dr Clare Gerada, President, RCGP; Professor Norman Williams, RCS. Guardian Friday 25 January:

<sup>2</sup> Polly Toynbee. *Guardian*: 25 January 2013.

indeed facilitated such change, including the development of time critical, specialist provision for stroke, major trauma, acute heart and vascular incidents. *These networks are already in place in South East of London.* However the local population expects and deserves to retain its A&E services for the 95% of remaining acute and emergency conditions such as bleeding in pregnancy, elderly people with chest infection, sickle or diabetic crises, sick babies and children etc. Lewisham Hospital and Community integrated services are proud of our excellent and improving care for its population and the local community own our services with pride, as evidenced by an astonishing outpouring of 25,000 people onto the streets of Lewisham on 26<sup>th</sup> January.

### **Royal Colleges' safeguards failed by TSA**

The Trust Special Administrator (TSA), Matthew Kershaw has proposed further large scale reconfiguration in south east London, proposing to remove all emergency and acute admitting services, acute paediatrics and a safe integrated maternity service from nearly 300,000 people. This is a major undertaking with significant risks. The TSA process absolutely should not have been used for such a purpose and doing so is an abuse of the purpose of the Unsustainable Provider Regime. It has led to the scapegoating of the smallest – and yet one of the most successful – trusts in south London: Lewisham Healthcare. Please note that the letter co-signed by the Royal Academy and College presidents puts forward reasonable conditions and safeguards to follow during reconfiguration of clinical services. *Every one has been failed by the TSA and the process he is responsible for in South London.* Lewisham GP, Jim Sikorski<sup>3</sup> has eloquently pointed this out recently.

### **'No change is not an option': abuse of the consultation process**

In response to criticism of the process, the TSA and the government have said that there was "extensive consultation over the Administrator's proposals and no change is not an option." In fact there is unanimous dissent in Lewisham from that assertion: clinicians felt used and abused and silenced when asking serious question; focus groups of users felt patronized and the chair of the Maternity Service Liaison Committee made a complaint to Matthew Kershaw. Clinicians who attended the clinical advisory panel report that the eventual recommendation became clear early on, and that dissent from this was not minuted and no votes were allowed.

*Worst of all there was no consultation whatever on the needs of **children** (who will lose their emergency and inpatient services); the **acute mental health needs of teenagers and adults** in crisis presenting to A&E (who will lose their safety network); and **disabled people**, many of whom rely on close networks between their local hospital and A&E.*

No proper consultation process has taken place; there was no health and equality impact assessment for the consultation period on the proposals of the TSA when first published at the end of October, making the consultation a paper exercise and another smokescreen to pass a tick box text – it is impossible to assess proposals with regional impact without a serious assessment of risk. Lewisham Clinical Commissioning Group and 164 Lewisham

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<sup>3</sup> <http://www.guardian.co.uk/society/2013/jan/25/marching-for-lewisham-hospital>

GPs unanimously reject the TSA proposals on Lewisham, as do 245 GPs from the neighbouring boroughs.<sup>4</sup>

Royal College colleagues argue for “patients, communities and local political representatives being fully included in the decision-making process from the outset”. We agree with that, and insist that this standard is applied before closing Lewisham’s acute services. Our MPs are accused of looking for votes in their critical demolition of the TSA proposals. They do not need to court votes: there is cross party unity against the Lewisham proposal in SE London. 25,000 of our supporters have come out on the streets along with over 40,000 who have signed the petition opposing the proposals. An unprecedented united array of clinicians, patients, trust management and CCG commissioners oppose the clinical proposals.

### **Care in the Community – ‘Doing nothing is not an option’**

Mike Farrar (CEO, NHS Confederation) and the Colleges lay down the challenge: *‘We need far more investment in good care closer to people’s homes, helping to keep patients out of hospital and in the community where it is in their best interests.’* That is exactly what we have been developing in Lewisham.

- We integrated our hospital and the community services in 2010 (one of the first trusts in the country);
- We are developing pathways with primary healthcare and social care colleagues for out of hospital care;
- We have a very popular midwife-led birthing unit allows extended patient choice but in the safe environment of a co-located obstetric led unit with critical care support;
- Community matrons and children’s nurse teams ensure excellent care in the community and admission avoidance, but allied to top class hospital back up;
- We invested £12m in a brand new Emergency Department in 2012 with an attached urgent care centre ensures safe and excellent care;
- Lewisham is consistently one of the CHKS Top 40 of UK hospitals.

### **‘Every pound spent really well’ – Mike Farrar**

Over £5 million pounds has been wasted by the Department of Health and the TSA (over £3 million in McKinsey consultancy fees) in failing to come up with responsible proposals for south east London. The London Ambulance Service is concerned that NHS London is failing to ‘join up the dots’ on the very serious impact across south (and north) London resulting from individual efforts to close A&Es. Chaos and worsening health outcomes are real possibilities which have not been considered – the work has not been done. QEH and the PRU in Bromley have closed on successive days this week diverting to ... Lewisham.

Although the TSA never actively sought any alternative set of proposals during consultation, Lewisham Healthcare did in fact provide one, which the TSA ignored: this was for Lewisham Healthcare to take on the Queen Elizabeth Hospital and to work for responsible evolution of change in health services in Lewisham and Greenwich, with partners and the local community.

Using the TSA’s own financial figures, the TSA proposes to spend £195 million to dismantle and replace Lewisham’s major hospital services and hopes to save £19.5 million per year

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<sup>4</sup> 377 south east London GPs have signed a petition handed in to Jeremy Hunt opposing the TSA proposals.

(even that is so unrealistic) making a pay back on that at least 10 years. If the Lewisham closures are taken out of the equation, the other TSA proposals (including our taking on QE Woolwich Hospital) would result in a financial situation within £1.7million of breakeven in the TSA model out of a health economy with annual expenditure of over £3 billion!

### **Are we to learn nothing from Mid-Staffordshire?**

Let us learn from Mid-Staffs. There are clear risks to patient safety if an already high-quality service is dismantled which cannot be replicated elsewhere. These proposals represent the enforcement of top-down reconfiguration without clear clinical evidence, with wildly optimistic guesses on patient flows after closures, dangerously un-thought-out risks to vulnerable people, pregnant women, the physically and mentally ill. Clinical engagement is supposed to be a watchword for positive change (remember Lord Darzi's review?) but this has been set aside. GPs, the Clinical Commissioning Group and the Trust clinicians, united in their opposition to the TSA proposals, have been set aside. Worse, they and our MPs have been attacked for been self-serving, with our MPs accused of being self-serving, by vote-seeking – accusations unworthy of our NHS leaders.

### **Stand up and be counted**

We ask our professional leaders in the Royal Colleges to be honest about what is happening in Lewisham. If a top 40 hospital<sup>5</sup> can be closed without any credible analysis, nowhere is safe and that means risks for the healthcare of everyone up and down the land. The TSA proposals for south east London do not meet your stated safeguards for reconfiguration. Closing Lewisham Hospital, a valued major district hospital, would destroy important health and social care networks across secondary, primary and social care which support so well the deprived community of Lewisham and south east London. There is a risk these proposals, which have no clinical evidence to support them, will worsen care.

Yours sincerely



Dr Helen Tattersfield Chair of the Lewisham Clinical Commissioning Group  
Dr Louise Irvine Amersham Vale Practice, New Cross  
Dr Tony O'Sullivan Director of Service – Children & Young People  
Dr Liz Aitken Director of Service – Acute & Elderly Medicine  
Dr John Miell Director of Service – Specialist Medicine  
Mr Nabil Salama Director of Service – Surgery  
Mr Dan Zamblera Director of Service – Women's & Sexual Health  
Dr Danny Ruta Joint Director, Public Health, NHS Lewisham & LB of Lewisham  
Dr Donal O'Sullivan Consultant in Public Health Medicine, NHS Lewisham & LBL  
and Dr John O'Donohue, Dr Chidi Ejimofe, Ms Ruth Cochrane, Dr Asra Siddiqui, Dr Charlotte Daman, Dr Tina Sajjanhar and written on behalf of clinicians at Lewisham Healthcare Trust

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<sup>5</sup> CHKS Top 40 Hospitals awards, 2009, 2010, 2011, 2012