

REPORT OF THE LEWISHAM PEOPLE'S COMMISSION

AN INQUIRY INTO THE PROPOSALS TO
CLOSE LEWISHAM HOSPITAL A&E, MATERNITY
AND CHILDREN'S SERVICES

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LAUNCH

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SUMMARY OF CONCLUSIONS

Overall conclusions

The Panel was unanimous in its views about the approach taken by the TSA, the NHS Medical Director Bruce Keogh, and the Secretary of State Jeremy Hunt in its dealings with and decisions about Lewisham and Lewisham Hospital.

- That there is no legitimate medical or economic basis for the Lewisham decision by the Secretary of State for Health and that none of the Government's 4 preconditions – 'the four tests' – have been met.
- That the Minister and his Department have shown a cynical attitude towards the people of Lewisham, in concealing the real motivation for the reconfiguration, and the paper-thin pretence that patient care will improve and patient lives saved.
- That it is incumbent upon the present administration to honour the original vision for the NHS:

'It will provide you with all medical, dental, and nursing care. Everyone - rich or poor, man woman or child - can use it or any part of it. There are no charges ... no insurance qualifications. But it is not a "charity". You are all paying for it, mainly as taxpayers, and it will relieve you of your money worries in times of illness.' (1948 *Bevan letter to every household*)

- That universal healthcare free at the point of delivery should remain the bedrock of government policy.
- That healthcare is not a commodity which can be subject to the exigencies of the marketplace and the profit mot
- That patient needs and care are the paramount and determinative factor in healthcare provision.

Summary of specific findings

The proposal to downgrade Lewisham Hospital

- The decision to downgrade Lewisham Hospital has nothing to do with the provision of healthcare in SE London. Lewisham Hospital's good level of clinical care is admitted by the authorities. The Panel finds the decision deplorable.
- The evidence before the Commission made clear that the flawed attempt at major service reconfiguration, bypassing proper consultation, as conducted by the TSA, is not the way to achieve improvements in quality of care and health outcomes

The NHS

- The evidence pointed strongly to the fact that the NHS is now becoming less universally available, less accountable and currently threatened by extensive marketisation and privatisation.

- The Panel is concerned that the areas of the NHS which remain for Parliament to decide are vulnerable to undue vested interest influence in which a substantial number of the decision makers themselves stand to profit from the commercial links they have from companies in the private medical sector. This conflict of interest subverts the democratic process.
- The health of the nation is now a secondary consideration to the vested interests of the bankers, shareholders and corporate stakeholders who, having been invited by Government to invest in the health service, will now seek increasing returns thereby draining the health service of vital resources.

The role of PFI

- The Panel had major concerns about the extent and role of PFI payments for the future of hospitals in the SLHT Trust and the role of PFI in the recommendation by the TSA for closure of services at Lewisham Hospital.
- The Panel's view is that the decision to downgrade Lewisham Hospital is based entirely on economic consideration

Lack of consultation

- The consultation exercise in respect of the decisions regarding Lewisham Hospital was a sham. In many cases there was none and where it did take place notice was inadequate and objections were overruled or dismissed. The panel was left with the strong sense that decisions had already been made.

Lack of analysis and poor data

- The Panel is extremely troubled by the evidence given in relation to the lack of proper statistics in this debate, which was astonishing.
- Where data existed, its quality and relevance was questionable. On the whole the Panel found there simply had been no proper examination of the needs of Lewisham residents or consideration of the impact the proposals might have.
- The Panel shares the concerns expressed about the lack of analysis into the effect of the changes, in particular where pregnant women will actually choose to go to have their children, and the impact on the chosen hospitals, already struggling with capacity. This omission we consider has implications for costs – it is clear that many of the proposed changes will in fact be more expensive as well as less safe than the current provision.
- The Panel queries the Secretary of State's purpose in introducing the emotive subject of maternal death when that clearly was not a concern in this situation.

Maternity services

- The Panel was extremely troubled by the evidence given in relation to maternity services. Evidence from an exceptionally experienced clinician demonstrated some of the evident dangers for women giving birth, even for ostensibly healthy women who

meet the criteria of the Secretary of State's proposals for a midwife-led unit without emergency backup.

- The Panel was also concerned that choice would be seriously reduced for pregnant women in Lewisham, where there are 5000 births per year, Over 4000 in Lewisham Hospital. This is contrary to the 'fourth test' for major hospital configuration which speaks about 'consistency with current and prospective patient choice'. (p.7)

Children's services

- The Panel agreed that the walk-in paediatric urgent care service has no clear parameters, is unsafe and unsustainable. Any such unit needs to be co-located with an Emergency Department. Additionally stand-alone paediatric ambulatory care will be expensive.
- The Panel was shocked that children who form over 20% of the Lewisham population were not planned for at all in the TSA proposals.

A&E

- The proposal for a small and safe A&E, with the loss of key supporting services, is a contradiction in terms and clearly does not accord with basic clinical requirements, or the needs of this disadvantaged community. It is not a concept recognised by the College of Emergency Medicine. It places the patient at risk and involves travel to more distant facilities already under intolerable pressure
- In none of the proposal documents is it clear that any consideration was given to this front line service, already under great pressure, and the effects the proposals would have on its vital role in ensuring the safe passage of very ill patients to hospital.

Community networks

- The Panel was astonished at the lack of consideration given by the Secretary of State to the effect of the TSA proposals on the vital, carefully developed, integrated networks of care in Lewisham, between Primary Care, the local authority, LHT's integrated hospital and community services, and the voluntary sector – these will almost certainly disappear if the proposals go through. The excellent care provided, developed over years, will be impossible to replace. The impact on the most vulnerable residents of Lewisham will be incalculable.
- Any replacement system will be less efficient, not as good and will be absurdly and unnecessarily costly.

Training

- The Panel was extremely concerned that an admirable record of training will fall victim to these proposed changes and the apparent total lack of consideration given to this vital area – finding the future medical professionals to work in Lewisham..