

# Save St Helier

## SAVE THE NHS

“The NHS will last as long as there are folk left with the faith to fight for it” - Aneurin Bevan 1948



**KOSHH**  
**KEEP OUR ST**  
**HELIER HOSPITAL**  
**PUBLIC MEETING**  
**Thursday March 13**  
 7.30pm-9.30pm  
**Merton Civic Centre**  
 London Rd,  
 Morden

### A message from St Helier Hospital's League of Friends

Valerie Brundle, chair of the League of Friends has this message of support for St Helier Hospital:  
 “Despite all the uncertainty, the Trust and its staff, have carried on doing what they do best - looking after patients, giving them the care they need and deserve.

Numerous awards have been won and high standards continue to be met. For example, St Helier Hospital has the lowest possible risk rating from the Care Quality Commission (CQC). This rating involves 150 indicators, which determine a hospital's safety. Also, the renal unit received an unannounced CQC visit and passed with flying colours.

Psoriasis patients have praised the specialist clinic and St Helier's Family and Friends test results were good. The fracture unit for the elderly at St Helier was given a cash boost to enable them to expand due to their excellent performance.

The St Helier Liaison Psychiatry Mental Health Team, which is part of the South West London and St Georges Mental Health Trust and are based at St Helier, have received the highest rating for their work for the third year running. Our neonatal Unit receives numerous donations because of the caring and dedicated care the staff provides.

On behalf of the League, I would like to say thank you and well done to all the staff work for the trust during these very testing times. We get many donations from grateful patients who wish to thank the staff for the care they or their relative received.”

The League of Friends relies on the work of 130 volunteers. Their tireless fundraising efforts have provided some much-needed equipment for the hospital such as a hand-held, portable ultrasound machine worth £22,000, and a renal ablation machine to fight high blood pressure, worth £50,000.

# St Helier still under threat

## £129 million redevelopment off the table

The message is simple: St Helier Hospital is not yet out of the woods. This is despite the Surrey Downs Clinical Commissioning Group (CCG) withdrawing from the Better Service, Better Value (BSBV) programme, and Sutton CCG dissolving its BSBV committee. The misleading resignation cross the front of the hospital, betrays the fact that St Helier's A&E, maternity, renal and paediatric intensive care departments as well as Queen Mary's Hospital (the children's hospital on the St Helier site) are still under threat.

And it gets worse. We have the news that the £219 million redevelopment of St Helier Hospital - as trumpeted with a large banner on the front of the building - is on hold, possibly indefinitely. Mitcham and Morden MP, Siobhain McDonagh released a letter from Eleanor Brown, Chief Officer of the Merton CCG, on the status of the redevelopment.

The letter says “the redevelop-

ment does not feature as one of the Long Term Financial Modelling (LTFM) scenarios being worked up by the Trust at this stage.”

While the £219 million was approved under Labour and then approved by the Coalition in 2010, the letter says that a re-sign cross the front of the hospital, betrays the fact that St Helier's A&E, maternity, renal and paediatric intensive care departments as well as Queen Mary's Hospital (the children's hospital on the St Helier site) are still under threat.

So the staff of St Helier Hospital and everyone who relies on its services are in limbo. If the “preferred option”, put forward by BSBV before the withdrawal of the Surrey Downs CCG, had received the green light, St Helier would be a radically reduced facility.

No more babies born at St Helier, no renal unit, no paediatric intensive care and a 24-hour A&E department scrapped for an Urgent Care Centre, which may only be open for 12 hours a day.

An announcement is expected in February from

BSBV with a new proposal involving St Helier, St Georges, Kingston and Croydon Hospitals.

With BSBV rhetoric focused on the need for change, nobody can be confident that a new proposal will keep St Helier's vital services safe. Since May 2011, according to BSBV's own figures, the BSBV programme has cost £8.2 million.

The Epsom-St Helier Trust has reported that its deficit has been reduced significantly from a predicted £19.4 million to

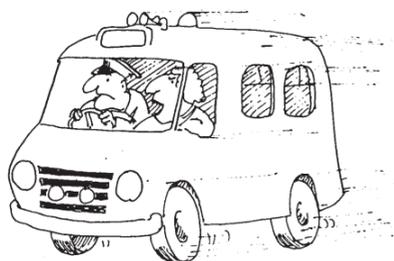
£12.1 million in 2013 and further reductions are projected.

Also, in 2013, St Helier's Urgent Care Centre has benefited from £5.5 million worth of investment, a further £495,000 has been spent on the trust's maternity units and St Helier's acute medical unit was opened.

It is a trust that is on its way back to financial health and it is providing essential health-care services for the community. With Sutton Hospital now facing almost certain closure in the coming months, preserving St Helier's services is critical.

The horrific case of two-year-old Muhammad Hashir Naveed dying when his parents took him to Chase Farm Hospital in north London, unaware that the A&E department had closed, has shocked Britain.

Hashir was transported five miles by ambulance to North Middlesex Hospital where he died. A full investigation by the trust and GPs



Stop on it, George, they're thinking of closing Casualty

INSIDE: ● Satisfied patients speak out ● MPs Uncut ● Window Poster – back page

# It's all about the price tag

In 2010, David Cameron promised "No more top-down reorganisation of the NHS". He lied.

As soon as he got into power, the coalition government launched the biggest top down reorganisation the NHS has ever seen. The resulting 2012 Health and Social Care Act brought in wholesale changes to the NHS which open it up to be privatised piece by piece.

At the same time the coalition government demanded £20 billion of "efficiency savings" from the NHS. Most people would call these cuts.

## What does this mean for St Helier Hospital?

For the past few years, St Helier has been under review as part of the Better Services Better Value (BSBV) review of hospitals in South West London and Epsom which also included Epsom, Kingston, Croydon and St George's Hospital in Tooting. BSBV proposed that Epsom and St Helier hospitals should lose their Accident & Emergency and Maternity departments and that these services should be concentrated at Kingston, St George's and Croydon.

The reason given was that larger units would provide a better, more efficient service. The real reason was to save money.

The BSBV plan fell apart at the end of 2013 when GPs in Surrey Downs decided that they couldn't afford to lose vital local services and voted to remove Epsom hospital from the plan. However, cuts are still planned

and St Helier is in the firing line. **What do we stand to lose?**

Along with its A&E and Maternity services, St Helier would also lose its intensive care unit, neonatal intensive care unit, some inpatient beds and inpatient renal services. The downgrading of the hospital would mean that many people would have to travel long distances for treatment.

St Helier would have an urgent care centre but it might only be open 12 hours a day meaning that if you needed emergency care outside these hours you would face a much longer journey.

There would be no acute hospital serving the needs of the 185,000 plus population of Sutton. A&E departments in Kingston and Croydon would come under even more pressure with longer waiting times and more demand on beds.

Don't be fooled by the line that closures are necessary for clinical reasons. These cuts are driven by saving money and will cost lives. A Mail on Sunday investigation showed that in Newark, mortality rates for emergency patients rose by 37% after their local A&E department was closed.

**But don't these cuts have to happen?** Don't believe these cuts are necessary and there is nothing you can do to stop them. A&E and maternity are vital services



for a community. The Coalition government is using the excuse of the deficit to break up the NHS.

It is being systematically starved of funding so as quality declines it will be easier for them to make the case that the NHS isn't working and shift towards an American-style health system that will make you pay expensive health insurance.

If they can afford to give tax cuts to millionaires, they can afford to look after you in an emergency.

## What can I do?

It's your NHS. You and your family have paid into it all your

lives so that it will be there when you need it. You deserve a good local hospital.

The NHS Constitution says that the NHS belongs to the people and that the needs of patients and communities come first so let those in power know what you want.

Here are some things you can do:

## Let your GP know how you feel

GPs are now in charge of local budgeting through Clinical Commissioning Groups. They have some power to stop

closures. Tell your GP that you want all the services at St Helier to stay open. Press your local Clinical Commissioning Group to ballot all the GPs and ask your GP to vote against closures.

## Stay informed

The Coalition government has been drip-feeding negative stories about the NHS to the media ever since it was elected. It can be difficult to work out what is actually going on. Sign up to the Save St Helier Facebook page at [www.facebook.com/groups/savesthelierhospital](http://www.facebook.com/groups/savesthelierhospital) and the admins

## Think about who you vote for

The Coalition government is gambling on the fact that no-one will realise what it has done to the NHS until after the 2015 election.

No local politician is going to admit that they had a hand in the destruction of a local hospital - it would be electoral suicide.

MPs and others will tell you that it is nothing to do with them and that power has been handed to the GPs. However there are local elections coming up in May.

Of course every prospective councillor will claim that they want to save St Helier but what has their party actually done to help the NHS?

respond very quickly to requests to join the group. There is plenty of information online. OpenDemocracy/Our NHS and the National Health Action Party are good websites on what is going on nationally.

Keep Our NHS Public has a useful briefings section.

## Tell your friends

Talk to your friends and neighbours about what is happening in the NHS.

See the contact details for more information about groups you can join.

Remember every protest counts.

# St Helier: satisfied patients speak up for services

## We asked patients of St Helier Hospital to share their stories of great care and service.

They reassured us about her condition, kept there until the treatment started to work and told us to bring her back if we had any further worries.

We could not fault the efficiency or the quality of the treatment she received."

Merton Council Leader, **Clr Stephen Alambritis** says both his children were born at St Helier Hospital prematurely and jokes that both his son and daughter are now taller than him.

From the @Save\_St\_Helier Twitter feed, mothers who have used St Helier's maternity department shared their stories.

**@TheMoGreen** tweets: "Yes gave birth there in 2003, had an angel of a midwife, Louise. Saved my baby's life."

**@approvedproduct** told us via Twitter:

"Yes, in June 2000: Good ex-

perience, preferable to my experience at Kingston Hospital with my baby in Feb 2002".

Even when the outcome is a bereavement, St Helier Hospital is still ensuring the highest standards of patient care.

**Dr Zielfa Bayoneta Maslin** shares the story of her father-in-law, Tom's last hours in the summer of 2013:

"All the staff who were connected with his treatment, both in A&E and in Ward C6 took very good care of his medical needs, and the A&E doctor on duty talked to our family in a most sensitive manner, giving us time and space to consider the challenging situation before us."

Dr Maslin goes on to say that on the morning Tom died, the family was given "ample time to say good bye to him."

"We feel that the staff at St Helier Hospital did everything they could to make Tom as comfortable as possible and we thank them wholeheartedly for their support during a difficult time."

**More than emergencies**

As well as A&E, maternity, paediatric intensive care and the renal unit - which were all earmarked for closure under the now-defunct "preferred option" of the Better Service, Better Value review, it is important to recognise all services offered by St Helier Hospital.

A strong St Helier Hospital is one that will retain all services, many of which often work in conjunction with the departments that are under threat.

**Jackie Hinton**, a type 2 diabetic, uses the Doreen Kouba Diabetic Centre, where she receives a very high standard of care and has used this service in conjunction with St Helier's A&E department.



September 2012: A group of pregnant women protested against proposals to close the maternity and A&E services of St Helier hospital. The ladies were led by Kathy McGuinness, the founder of Carshalton Mums and [www.localmumsonline.com](http://www.localmumsonline.com)

Of Nicky Smart, a diabetes psychologist at the centre, Jackie says:

"I have mental health issues and Nicky totally gets me and is behind me 100%. I'd be so lost without her help and support"

The Doreen Kouba Centre also offers Jackie an annual diabetes review with Dr Hyer and she says she is "very happy with the support" she receives from this centre.

St Helier's A&E department has also come to Jackie's aid in a diabetes-related emergency in which her blood sugar was extremely high because of an infection.

At St Helier A&E, she was kept in overnight on an insulin

drrip to stabilise her condition.

**David Rough's** father has been in St Helier Hospital for three months after he was transferred from Epsom Hospital.

It was an emergency situation in which his organs shut down after a cancer operation and he was transferred to St Helier's intensive care unit. Here, he spent two weeks in a coma and was then moved to the high dependency ward and the stroke ward.

"The care he has received couldn't be any better - they saved his life and my family can't thank them enough," says David.

It's clear from these examples that a hospital is not just a facility of autonomous depart-

ments that can be cut without impacting on other departments or, in the case of the CFS services, other hospitals.

## Knock on effects

Cutting departments such as maternity and A&E will have knock-on effects on other valuable services.

For example, women who are currently using the services of St Helier's fertility clinic would not be able to have their babies at St Helier if the maternity unit was shut down, thus denying them continuity of care.

The staff at the fertility clinic are often present at the delivery of the babies of their patients and this is a wonderful aspect of the conception-to-birth process that is harder to replicate if the mother-to-be has to use a different hospital to give birth.

Will St Helier keep its fertility clinic if it loses the maternity unit? This is an unanswered question, along with the future of the award-winning hip fracture clinic which does a lot of work in conjunction with St Helier's A&E department.

Downgrading spells the beginning of the end for vital services, and opens the doors to privatisation, sell-offs of buildings and land. The losers will be the patients.

**St Helier Hospital may also be undertaking additional work with chronic fatigue syndrome patients in the wake of cuts which have already been made to Sutton Hospital. Currently, most of the CFS treatment takes place at Sutton with some clinics held at St Helier.**

**HILARY PORTER, a CFS patient at Sutton hopes she will still be able to receive treatment at St Helier if Sutton loses all CFS services. This is her story:**

"We have already had to move location once already within Sutton Hospital due to cuts. Luckily I qualify for hospital transport - which I had to fight tooth and nail for as I am not an OAP - and I hope I will still be able to get taken to St Helier as it is that much further away."

**I have actually finished my six-week course but the follow-up will be in six months, and then 12 months. Hopefully the service will still be there! I have asked about this - they said they cover such a wide catchment area, and because they are the only service, it is very unlikely they would close down. They really have been brilliant and I cannot recommend the CFS clinic highly enough."**

# MPs uncut!

We asked the MPs (pictured in order, left to right) with constituents who use St Helier Hospital to describe their commitment to saving essential services. Here are their uncensored responses.

## Tom Brake, Member for Carshalton and Wallington, Liberal-Democrat

More than 13,000 people have signed my petition against the dangerous and flawed proposals to close the St Helier A&E unit, maternity ward and children's ward.

But this campaign is about more than just numbers, it's about people. People like Beverly, who sent me a picture of her daughter, and told me that she would not be alive today were it not for the medical assistance she sought at St Helier.

I can still remember having to rush my own daughter to St Helier when she was a baby, after she'd bitten on and shattered a mercury thermometer. My wife and I were racked with worry until the staff at St Helier assured us she would be all right. That is why St Helier is important to me and that is why I have been fighting to safeguard local health services.

I've been sent hundreds of stories - stories of births, life-saving operations and dashes to the A&E. Each one demonstrates why it is so important that we save St Helier hospital - so we can all have peace of mind; knowing if we suddenly need help, it's just around the corner.

As well as the petitioning, get-

ting people to display posters, raising awareness, letter-writing and meeting with Ministers and BSBV bosses over last few years, I have been encouraging local people to write to their GPs.

It is vital that GPs understand the benefits of St Helier, the services it offers, and the opposition to the original plans, so that any suggested alternatives do not threaten St Helier's services.

## Paul Burstow, Member for Sutton and Cheam, Liberal-Democrat

"St Helier is highly prized by the people of Sutton. Local residents are reliant on its staff and services. We would be at a loss without its A&E and maternity units."

Many of my constituents have received wonderful care at the hospital, I myself was born there, and Tom Brake MP and I have collected over 10,000 petition signatures from local residents supporting our campaign to save it.

I have also lobbied ministers, been involved at every stage of the process with the so-called Better Services Better Value (BSBV) programme on their proposals, and have received the support of the local newspaper to further the cause.

I have systematically pointed out the flaws in the BSBV process and plan, which would only have had any chance

of working if there was better more comprehensive health and care in the community to pick up the demand.

Recently I conducted a secret ballot of Sutton GPs which showed overwhelming support for keeping St Helier's A&E and maternity open. I welcome the fact that Sutton CCG has finally come off the fence and said the BSBV plans were not 'viable'!

I will continue to collect signatures, take the views of the Sutton residents to the CCG and make sure the campaign continues its momentum. Sutton needs St Helier and with the support of local residents, I will make sure that its vital services are left intact."

## Chris Grayling, Member for Epsom and Ewell, Conservative

"I have been a strong supporter of Epsom and St Helier Trust since I was first elected back in 2001. As MP for Epsom, the hospital there has obviously been my main focus, and will continue to be so. That said, I have no wish to see St Helier lose services."

## Stephen Hammond, Member for Wimbledon, Conservative

"The services provided by St Helier Hospital are vital to the residents of Merton.

Whilst St Helier is not in my Wimbledon constituency, throughout the last

10 years as we have moved from Labour's botched BHCH scheme through the now delayed clinician-led BSBV, I have spoken about the importance of its services to Wimbledon.

I think it would be a huge error and represent a decline in irreplaceable local services if A&E and Maternity were removed from St Helier. Wimbledon Conservatives and I will continue to reject attempts to remove them."

**Sadiq Khan, Member for Tooting, Labour**

"St George's Hospital is already under enormous pressure, with people in Tooting suffering longer waiting times as a result, yet the Government seems intent on seriously adding to the problem by closing A&Es across London, such as our neighbouring hospital, St Helier.

"The Government needs to think again. We need a clear plan to tackle the pressures London hospitals are facing. It's time Londoners' voices were heard."

## Siobhain McDonagh, Member for Mitcham and Morden, Labour

"And as if by magic, the new year has seen yet another twist in the Save St Helier campaign. As you know, the community has been fighting the threat to shut St Helier's A&E,

maternity, ICU, children's and renal units, as well as 390 in-patient beds - all because our local NHS has to save £370m a year. Local health providers finally admitted the plan is "not viable".

That's largely because residents and Councillors in Lewisham won a court case against the Government over the closure of their local hospital.

The court ruled that if a number of GPs are against a hospital closure they can stop it happening.

However, although it's fantastic news that residents won their court case against the Government, unfortunately in December Conservative and Lib Dem MPs voted to make it harder for anyone to block future hospital closures.

If the House of Lords votes the same way, the new rules will come into effect later this year. That's a really worrying prospect.

At the same time, the body behind the proposals to shut services at St Helier have insisted that they still need to do something, saying "the challenges outlined in the case for change remain... and we hope to make a further announcement in February."

So it looks as though this is a reprieve rather than an outright victory. Every time we win a battle, they keep coming back for more."

# Lessons from Lewisham

The Keep Our St Helier Hospital (KOSHH) campaigners have been inspired by the people who have fought hard to keep Lewisham Hospital open.

Like Lewisham Hospital, St Helier Hospital is not a failing hospital, it consistently meets quality standards, it is not immune from cuts to NHS services or the drive towards increased privatisation, and it is an essential facility for a diverse community with a growing population.

We stand alongside our Lewisham Hospital campaigners and can learn from them. Here are some words of wisdom and support from the Lewisham Hospital strategy:

● The campaign so far has been a huge success in mobilising thousands of people in Lewisham and beyond, and taking on the government in a judicial review of the plans. At this point we have the upper hand.

Everything we have done so far, big or small, has been a positive contribution to our overall success. Our high court victory was historic as it challenged the first use of legislation that, if left on the statute books, could have been used to close and downgrade hospitals all over England.

● As a campaign we must contribute to the wider battle against these threats and do so in solidarity with other campaigners, sharing our experience and ideas with them, giving and receiving support, doing joint

actions and tackling together the issues that affect us all.

● Lewisham was earmarked for downgrading but, due to local campaigning, which included Lewisham Council and the Lewisham healthcare community, involving local health activists such as, the "Save our NHS Group of Lewisham Pensioners Forum and Lewisham GPs, this plan was abandoned. Nevertheless this was always seen as unfinished business.

● If we lose the appeal we will continue a mass campaign protesting against the decision, involving

the whole community and hospital staff, and liaising closely with other campaigns against hospital and service cuts and closures across London and England. Regardless of the outcome of the appeal we will stay vigilant and ready to oppose

any plans that lead to downgrading or loss of our hospital or other NHS services locally.

● We have raised issues of cuts and privatisation in our literature, campaigned against Section 75 regulations under the Health and Social Care

Act that enforce privatisation and against the EU/US trade agreement.

● Our strength is our focus on Lewisham: Success in Lewisham will inspire campaigns elsewhere to fight on the defend their hospitals and services. The Save Lewisham Hospital Campaign will be a catalyst for other campaigns. So far is clarity of focus [but] that does not stop us from taking up wider issues that impact on our hospital.

● We will continue as a broad-based, inclusive, united front campaign, welcoming all who agree with our aims.

(This is an extract from the Save Lewisham Hospital Campaign strategy document, October 2013-March 2014. Note that they were subsequently successful in defeating Jeremy Hunt's appeal against the judicial review)



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Contact Keep Our St Helier Hospital (KOSHH): [keepoursthelierhospital@gmx.co.uk](mailto:keepoursthelierhospital@gmx.co.uk) ● Twitter @Save\_St\_Helier ● Facebook: [www.facebook.com/groups/savesthelierhospital](http://www.facebook.com/groups/savesthelierhospital)

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