PATIENTS' FORUM

FOR THE LONDON AMBULANCE SERVICE

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Rt Hon Jeremy Hunt MP
Secretary of State for Health
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Richmond House
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Dear Mr Hunt,

Securing Sustainable NHS Services in South London

The Patients' Forum for the London Ambulance Service, has considerable concerns about the recommendations of the 'Trust Special Administrator' for the South London Healthcare NHS Trust in relation to their proposals for Lewisham Hospital. We are particularly concerned about the impact of closing the highly effective and successful A&E Department at Lewisham Hospital will have on emergency care. We believe this will have an untoward effect on the care of people requiring emergency treatment and will put pressure on other A&E Departments, especially on King's College Hospital, that could cause considerable harm to the safety and clinical care of patients. Lewisham hospital is a well-performing NHS Trust which has recently upgraded its facilities. It serves a deprived population which has great need of, and faith in, its services.

1) Current Pressure on the LAS

The London Ambulance Service (LAS) is already under considerable pressure due to the substantial increase in the demand for emergency care over 2012. Staff shortages have also recently been identified by the CQC. The impact of longer journey times on the effectiveness of the LAS have not been considered adequately by the TSA.

We have good reason to believe that the increased journey times and increased number of patients transported, coupled with a greater number of self-presents, to a reduced number of A&Es, without additional staffing and facility improvements, will result in extended turnaround times and consequent reduced ability by the LAS to meet the next call which might be life-threatening.

2) Resource Implications

The resource implications for the LAS, of the downgrading of Lewisham A&E have not yet been calculated. The LAS contract is funded to a specific level of performance and it is not adequate or appropriate for the TSA to make recommendations that put additional demands on the LAS without knowing and understanding the resource implications.

3) Growing Instability of Health Services in South London

The financial crisis in South London has been caused by strong pressure from governments to embark on PFI developments. These have reduced NHS resources needed to run effective services in South London, and it is therefore right that the government should provide additional funds to the local NHS to cover the excess costs of the PFI buildings at Queen Elizabeth Hospital and Princess Royal University Hospital. It would be unacceptable however, if the provision of these additional funds from government, impacted negatively on service provision to patients in South London generally, the LAS or on other patient services elsewhere by reducing NHS budgets.

4) Community-based care

Enough evidence exists that community-based care strategies are often ineffective; the development of alternative clinical pathways to replace emergency ambulance care in London being an obvious example. The capacity in local government is being massively cut and there are not sufficient resources to provide safe and effective community services in line with the aspirations in the strategy. The most vulnerable people are usually those who suffer most from the development of plans to provide care in what may be described as the most appropriate location (closer to, or in, their home). Implementing these plans and at the same time reducing NHS and local government resources, especially where local government reduces social care, will lead to poorer care and greater demand for A&E services, when care breaks down due to poor local resilience in community services. Scaling back the number of acute beds and other acute services in South London before the resilience and safety of the new community services and other changes

envisaged in the 2012 Health and Social Care Act, have been effectively demonstrated, would be potentially harmful to patient care.

5) Emergency care - Heart, Stroke and Major Trauma

While the clinical arguments for the use of specialist centres for cardiac, stroke and major trauma service are sound, the dispersal of these services does not provide a reasonable case to deprive the people of Lewisham of their much needed A&E department. The proposals for some types of emergency care appear consistent with the very positive approaches developed over the past few years with critical care being provided at King's College Hospital, St Thomas' Hospital, Queen Elizabeth Hospital and Princess Royal University Hospital. However, in practice there will be a major impact on the ability of these hospitals to provide critical care. This is because if Lewisham becomes an urgent care centre, many of the 60% of people who now use A&E for urgent care, are most likely to go to another A&E - because that is where most people feel safest when they experience serious illness or injury. The very poor service provision for many years at Guy's Hospital minor injuries unit (after the A&E closed), had virtually no impact on the increasing use of St Thomas' A&E. Urgent care centres are not open at night so patients will go to A&E.

In practice the closure of Lewisham A&E will have a massive impact on the safety of time-critical care, because ambulances will find it more difficult to get patients into more crowded A&E Departments. King's College Hospital A&E is already bursting at the seams and has no space to expand. It cannot simply be assumed that other A&E departments could readily adjust to meet the extra demand resulting from the closure of Lewisham A&E, and the consequences could be dire for the most seriously ill patients. There are no plans and no resources to expand A&E departments listed below and to increase bed numbers to absorb the additional work load.

The TSA's poorly out assumptions are as follows:

37% of Lewisham patients to King's: 18,000
29% of Lewisham patients to Queen Elizabeth: 14,000
23% of Lewisham patients to Princess Royal: 11,000
6% of Lewisham patients to St.Thomas': 3,000
5% of Lewisham patients to Croydon: 2,000

No consideration has been given to the number of transports of patients and self-presents from SE London that attend the Darenth Valley (Dartford)

Hospital. This PFI hospital also is in financial crisis. The increase in demand there since the downgrading of Queen Mary's Sidcup already affects A&E's capability and ambulance turnaround times, which has an adverse effect not only on the LAS but on SECAmb and Kent patients.

6) Ambulance Delays for Patients with Time Critical Needs

The consequence of overloading other A&E departments as a result of the closure of the Lewisham A&E, will be diminished capacity for the LAS, as ambulances queue to get patients admitted and handover times are prolonged. This will result in patients with time-critical needs being delayed, longer journeys for some patients and vital minutes lost. Longer journeys result in longer response times for other patients.

7) Patients whose needs are not time critical

There are already unacceptable delays for patients who do not have life-threatening conditions. Patients may be elderly, vulnerable perhaps with a broken hip bone, or suffering from a wide variety of conditions including mental health problems and less severe bleeds and trauma. Many of these patients will be in severe pain, distressed and their condition may deteriorate due to delay. The care of these patients will be hampered because being taken to a distant A&E makes it more difficult to develop appropriate discharge arrangements, and many relatives and carers who are old and frail themselves or who have disabilities, will have to endure long travel time to visit relatives, which can be traumatic and sometimes impossible to accomplish.

8) Paediatric Care

The TSA ignores the needs of children despite the high volume of children seen at Lewisham A&E, many of whom are brought in by their parents. The TSA gives little cognisance to the high rate of deprivation in SE London. The closure of the A&E would result in many more calls to the LAS, because many parents with low resources would be unable to afford the journey to a distant A&E, and many would fear the consequences of greater distances on the condition of their children. The TSA did not deal with the impact on inpatient child care.

9) Failure to Assess Impact

The TSA has made far reaching proposals without carrying out an accurate impact assessment. The recommendations have not been thoroughly tested with provider Trusts and commissioners of emergency services. The impact on the LAS has not been adequately assessed in terms of either clinical care or funding. How can the LAS be expected to absorb the additional demand from

patients who are seriously ill and guarantee effective and timely services, with no understanding by the TSA of consequences or costs involved?

10) Maternity care

The TSA proposals will result in women having to travel further for maternity care. Many families value the care provided by the Lewisham maternity services; the service has a culture that is focussed on working with parents to provide effective local care. Local maternity care is highly valued by parents and potential parents. The consequences for ambulance services are more and longer journeys, which will impact negatively on the care required by patients with life threatening conditions needing an 8 minute service or a service within 19 minutes.

11) Intensive Care

The TSA fails to discuss the impact of their proposed changes on the provision of emergency care on the Intensive Care Unit. There are potentially serious consequences for the clinical safety of patients requiring the ICU, if it only provides care for elective patients. Should the ICU close, the impact on the care of patients who enter hospital for elective surgery, but then need ICU care could be dire. The impact on the LAS and handover of patients at other A&Es could be highly significant and harmful in terms of delays to patient care.

No consideration seems to have been given either to the impact these changes may have, particularly on King's College Hospital, in relation to the provision of major trauma services across the whole of the South East England.

12) Transformation of London's Health Services

The proposals for transforming London's NHS service appear to be proceeding with poor coordination and little understanding of how one major transformation affects another. In this particular case the proposed changes are likely to have a significant impact on Croydon University Hospital, which is already struggling to cope with emergency admissions, and on St Helier where the A&E might also close. Major changes as a result of the merger of Dartford & Gravesham and Kent & Medway Hospitals have also not been considered by the TSA.

13) Breaking up the NHS

The TSA are now proposing two options for Princess Royal University Hospital: acquisition by King's College Hospital NHS Foundation Trust, or running a

procurement process that would allow any provider from the NHS or independent sector to bid to run services on the site. We believe, putting the service out to tender would further undermine the NHS in South London and add to the damaging impact of the PFI process on South London's NHS.

I hope you will be kind enough to consider these issues in detail and halt the TSA proposals, which are potentially dangerous for patients' care and patients' safety across the whole of South London and beyond.

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