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Mr Malcolm Alexander
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2 May 2013

Dear Mr Alexander,

Thank you for your further letter of 4 April to Jeremy Hunt about securing sustainable NHS services in south east London. I have been asked to reply.

I am sorry you were dissatisfied with my previous letter.

You make a number of points about the changes to A&E services and their potential impact on the London Ambulance Service. It should be noted that the Medical Director of the London Ambulance Service sat on the Trust Special Administrator's (TSA's) clinical advisory group and has been engaged in the TSA's process. The London Ambulance Service will need to be engaged as part of the detailed planning and implementation of the changes to the services provided by South London Healthcare NHS Trust.

The draft report by the TSA proposed that the A&E department at Lewisham Hospital should be downgraded to a non-admitting urgent care centre. The NHS Medical Director, Sir Bruce Keogh, advised the Secretary of State that Lewisham Hospital should retain an admitting A&E service with senior emergency medical cover and estimated that the site could manage around 75 per cent of its current activity with these changes. Patients who might still be admitted through Lewisham A&E include elderly patients who require short-term simple treatments and a temporary increase in care, such as for urinary infections, a broken wrist, or minor chest infection. These frail patients, who often arrive by non-blue-light ambulance, would not be best served by transferring them somewhere else, which is why the Secretary of State agreed that Lewisham must be able to admit patients where appropriate.

You also mention the impact on maternity care. The recommendation to consolidate consultant-led maternity services at four sites was made to the TSA by the external clinical panel, which included representatives from the Royal College of Obstetricians and Gynaecologists and the Royal College of Midwives. The impact on capacity at the specialist centres has been fully considered. The TSA's report includes a recommendation to increase capacity accordingly at the other providers with additional capital investment of £36million.

The investments referred to above would run from 2013/14 to 2015/16. However, final decisions on funding for each individual hospital will be made as part of the implementation planning process, in collaboration with the Department of Health, to ensure value for money for the taxpayer.

Your letter suggests that there has been no impact assessment of the TSA's recommendations. The TSA commissioned a health and equalities impact assessment (HEIA), which appeared at Annex L of the final report. An equalities screening document was published alongside the TSA's consultation and the final HEIA then considered the feedback from the TSA's consultation. The TSA's final report traces how he considered the HEIA when making his final recommendations to the Secretary of State, and this is in line with the responsibility he had in completing this work.

The Secretary of State's decision now allows the NHS in south east London to focus on improving services and clinical outcomes which are positive for patients and staff. Its implementation will be overseen and monitored by a programme board. Managing activity levels across the different sites will need to be a key part of this board's activity, working with key organisations across health and social care. However, since aspects of the Secretary of State's decision in relation to service change at Lewisham Hospital are subject to legal proceedings, it would not be appropriate to comment further.

I hope this reply is helpful.

Yours sincerely,



Malcolm Jones
Ministerial Correspondence and Public Enquiries