LAS Forum

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Mr Malcolm Alexander Chair Patients' Forum Ambulance Services (London) 30 Portland Rise London N4 2PP

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Dear Mr Alexander,

Thank you for your letter of 18 February to Jeremy Hunt about Lewisham Hospital. I have been asked to reply.

I note that my colleague <u>David Davies</u> replied to your letter of 22 January by email on 29 January. I enclose a copy of that reply (POC1_753831) for your convenience.

On 31 January, the Secretary of State for Health made a statement to Parliament to set out his decision about the future of South London Healthcare NHS Trust (SLHT) and securing a sustainable future for services provided by that organisation. The decision was made following the final recommendations made to him on 7 January by the Trust Special Administrator (TSA) appointed to SLHT.

The TSA was appointed to SLHT last July to undertake the very challenging task of finding a clinically and financially sustainable solution for the services provided to patients by SLHT.

It is worth emphasising that there have been repeated attempts over recent years by the local NHS to address the challenges in south east London. This includes a major commissioner-led reconfiguration programme (A Picture of Health 2009), numerous organisational reviews and changes in senior management. None of these interventions has worked. SLHT is continuing to lose £1million every week, which means that a significant amount of money is being diverted away from frontline patient care. Since its establishment in 2009, the Trust has accumulated deficits totalling £153million, which will have risen to £207million by the end of this financial year. It was only after the failure of each of the numerous interventions that the Department of Health decided it was right to appoint a TSA to seek a lasting solution to SLHT's complex problems.

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After careful consideration, the Secretary of State accepted the broad recommendations of the TSA. This includes dissolving SLHT and merging its three main hospitals with other local NHS providers. The Secretary of State also accepted the need to reconfigure certain services beyond the confines of SLHT because that is necessary and consequential upon the dissolution of the Trust to make the future merged services provided in south east London sustainable. In reaching his decision, the Secretary of State was guided by the fact that no alternative proposal had been suggested that provides a clear way forward in the near future, protects clinical outcomes for patients and addresses the considerable financial challenges locally.

The Secretary of State asked Professor Sir Bruce Keogh, Medical Director of the NHS, to review the TSA's recommendations with three things in mind: that there was sufficient clinical input; that changes would lead to improved patient care in the local area; and that they are underpinned by clear clinical evidence. Sir Bruce was satisfied that there was sufficient clinical input and that the recommendations provide for the adoption of standards in south east London that define the best available clinical practice. He agreed that this could not be achieved without a reduction in the number of sites delivering acute inpatient care, to enable a necessary concentration of resources and senior clinical staff. A similar approach has already led to significant improvements in stroke, major trauma, cardiovascular disease and complex vascular problems throughout London, saving hundreds of lives.

The Secretary of State decided that very specialist emergency care and consultant-led maternity care should be centralised at Queen Elizabeth, King's College, Princess Royal and St Thomas' Hospitals. On Sir Bruce's advice, the Secretary of State added additional clinical safeguards for emergency care so that instead of becoming a non-admitting urgent care centre as proposed by the TSA, Lewisham Hospital will retain an A&E service with senior emergency medical cover so that there is proper diagnostic and case management expertise. It will be able to admit patients with a wide range of less serious conditions. Sir Bruce estimates that the new service could continue to see up to three quarters of those patients currently attending Lewisham's A&E. The other 25 per cent of patients with potentially life-threatening conditions will be treated at the four specialist A&E centres because they will have a better chance of survival.

Further details of the Secretary of State's decision are contained in a formal notice on the Department's website at www.dh.gov.uk, which can be found by searching for 'SLHT'.





The public campaign surrounding services at Lewisham Hospital has highlighted just how important the issue is to the local community. The Government respects and recognises the sense of unfairness that people feel because their hospital has been caught up in the financial problems of its neighbouring Trust. Prior to making his decision, the Secretary of State held discussions with local MPs representing those affected and who reflected those concerns to him. However, he has been clear that Queen Elizabeth Hospital (which belongs to SLHT) and Lewisham Hospital cannot just merge without the service changes he decided must take place, as that would create a deficit-laden organisation.

Lessons from the past from south east London are that the Government would have been setting the new Lewisham-Greenwich NHS Trust up to fail.

The Secretary of State's decision draws to a conclusion a long period of uncertainty for the NHS in south east London. It will allow the NHS to focus on improving services and clinical outcomes, which is positive for patients, staff and local communities

The success of resolving the challenges facing SLHT and the south east London health economy now rests in the implementation of the Secretary of State's decision. This will be challenging and complex, and the Government is calling on NHS providers and commissioners and other partners to offer their full support over the coming years to achieve the ambition behind the Secretary of State's decision for the benefit of the people of south east London. Detailed planning and monitoring will ensure the necessary capacity of new services is in place before any changes to existing services.

I hope this reply is helpful.

Yours sincerely,

Malcolm Jones

Ministerial Correspondence and Public Enquiries

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