# PATIENTS' FORUM

## FOR THE LONDON AMBULANCE SERVICE

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

Rt Hon Jeremy Hunt MP Secretary of State for Health Department of Health Richmond House 79 Whitehall SW1A 2NS

February 18<sup>th</sup> 2013

Dear Mr Hunt,

## **Securing Sustainable NHS Services in South London-Emergency Ambulances**

I wrote to you on January 22<sup>nd</sup> concerning our 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. Unfortunately, we have received no reply from you and this issues we raised have not been dealt with adequately in your response to the TSA report.

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 in south London. Your decision will have an untoward effect on the care of people requiring emergency treatment and will put great pressure on other A&E Departments, especially on King's College Hospital. We believe that considerable harm to the safety and clinical care of seriously ill patients will result.

## 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.

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Increased journey times and increased number of patients transported, together with a greater number of self-presents, to a reduced number of A&Es, without additional staffing and considerable infrastructure improvements, will result in extended turnaround times and-consequent reduced ability by the LAS to meet the next call which might be lifethreatening.

#### 2) Resource Implications

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

### 3) 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.

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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

#### 4) 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.

#### 5) 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.

#### 6) 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?

#### 7) 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

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Registered office: 6 Garden Court, Holden Road, Woodside Park, LONDON, N12 7DG Company Limited by Guarantee . Company Number: 6013086 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.

I hope you will be kind enough to reconsider these issues in detail and ensure that all of these issues in relation to the impact on the emergency ambulance services for patients who are critically are properly and fully examined.

Malcolm Alexander

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Chair

Patients Forum LAS