PATIENTS' FORUM

FOR THE LONDON AMBULANCE SERVICE

LMC

Rt Hon Jeremy Hunt MP- April 4th 2013

Securing Sustainable NHS Services in South London-Emergency Ambulances

	Letter to Jeremy Hunt - April 4th 2013	Reply from Jeremy Hunt – May 2nd 2013
	1) **You have failed to fully consider the impact of substantially downgrading the highly effective and successful A&E Department at Lewisham Hospital on the provision of 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 your decision will cause considerable harm to the safety and clinical care of seriously ill patients.	Annex L – HEIA – Equalities screening document. Considered HEIA when making final report to the SoS. Improving services and outcomes focussed and positive for patients and staff. Implementation will be overseen by and monitored by a Programme Board. The Board will manage activity levels in each A&E in collaboration with key organisations. In view of legal proceedings no further comments will be made on this issue. Number of emergency beds needed to be factored into transition costs. £37 to expand A&E to increase capacity of Princess Royal, QE, St Thomas' and Kings.
	2) **Current Pressure on the LAS** **You have not considered the impact of your decision on the London Ambulance Service (LAS), which is already under considerable pressure due to the substantial increase in the demand for emergency care over 2012/13.** Staff shortages in the LAS have	Travel times to A&E – paras 122-127 Transport for London Health Services Travel Analysis Tool. Factored in feedback from CCG on population preferences. Some patients preferred to travel further to get the service they want. Impact considered travel to next closest hospital.

	also recently been identified by the CQC. You also have not considered the impact of longer journey times on the effectiveness of the LAS in relation to the provision of emergency care. You have not considered the impact of increased journey times and increased number of patients transported, together with a greater number of self-presents, to a reduced number of fully functioning A&Es. Without additional staffing and considerable infrastructure improvements, the result will be extended turnaround times and-consequent reduced ability by the LAS to meet the next call, which might be life-threatening.	
	3) Resource Implications **You have not considered and calculated the resource implications for the LAS, of downgrading Lewisham A&E.** The LAS contract is funded to a specific level of performance and it is neither adequate nor appropriate for you to make decisions that put additional demands on the LAS without determining and understanding the resource implications, and ensuring they have the resources they need to provide appropriate levels of emergency care.	The LAS will need to be engaged as part of detailed planning and implementation of changes to services provided by the South London Healthcare Trust.

	4) 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, you have not considered the major impact on the ability of hospitals in the area to provide critical care.** You have not considered and understood that in practice the contraction 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. You cannot simply assume that other A&E departments could readily adjust to meet the extra demand resulting from the contraction of Lewisham A&E. The consequences could be dire for the most seriously ill patients. You have not produced plans and resources to expand other A&E departments and to increase bed numbers to absorb the additional work load.	Impact on capacity at the specialist centres has been fully considered. £36m capital costs to increase capacity of specialist centres. £36m – 2013/14-2015/2016 Final decision for each hospital funding part of implementation planning process in collaboration with the DH to ensure VfM. Best available clinical practice. Sufficient clinical input Need to reduce number of sites delivering acute impatient care to enable concentration of resources and senior clinical staff.
	5) Ambulance Delays for Patients with Time Critical Needs **You have not considered the consequence**	

	of overloading other A&E departments as a result of the closure of the Lewisham A&E, and the diminished capacity for the LAS, as ambulances queue to get patients admitted and handover times are prolonged. You have not understood that this will result in patients with time-critical needs being delayed, longer journeys for some patients and vital minutes lost. Longer journeys will result in longer response times for other patients.	
	6) Patients whose needs are not time critical You have not considered that there are already unacceptable delays for patients who do not have life-threatening conditions. Patients may be elderly and vulnerable, perhaps with a broken hip, 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. You have not considered that 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. Many relatives and carers who are old and frail themselves or who have	Significant clinical input into the development of the TSA recommendations including the Clinical Advisory Group, which includes Dr Fionna Moore and external clinical panel of respected local and national clinical experts. TSA recommendations must aim to meet consistently the London wide clinical quality standards developed by 90 clinicians in two year. Cannot be met without consolidation of acute inpatient services and fewer sites.

	disabilities, will have to endure long travel time to visit relatives, which can be traumatic and sometimes impossible to accomplish.	
	7) Failure to Assess Impact **You have not understood that 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 you expect the LAS to absorb the additional demand from patients who are seriously ill and guarantee effective and timely services, with no understanding of consequences or costs involved?	
	8) Maternity care **You have not considered and understood that as a result of the TSA proposals many women will have to travel much further for maternity care.** Very 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. 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. What happened to 'no decision about me without me'? Is that now a redundant policy?	
	We are of course pleased that you have promised that, "detailed planning and monitoring will ensure the necessary capacity of new services is in place before any changes to existing services."	–
	a) Protect clinical outcomes for patients	
	b) Ensure sufficient clinical input	
	c) Ensure changes lead to improved patients care in the local area.	
	d) Be underpinned by clear clinical evidence.	
	e) Provide for adoption of standards in south London that define the best available clinical practice.	