

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

April 4th 2013

Dear Mr Hunt,

Securing Sustainable NHS Services in South London-Emergency Ambulances

Thank you so much for your letter of March 20th 2013 in reply to ours of January 22nd and February 18th, regarding our considerable concerns about your decision on the future of the South London Healthcare NHS Trust and Lewisham Hospital. We understand that your decision was informed by advice provided by Sir Bruce Keogh.

Unfortunately, your reply failed to respond to most the issues and questions that we raised with you. I have therefore represented our questions and would be grateful if you would ensure that we receive a detailed response for each of the issues we raise below.

- 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.

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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 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.

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.

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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 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

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service within 19 minutes. What happened to 'no decision about me without me'? Is that now a redundant policy?

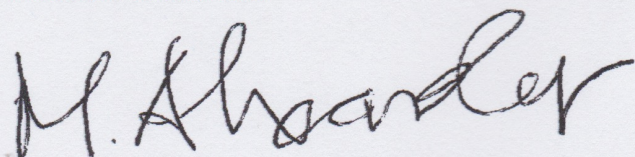
We are of course pleased that you have promised that, "detailed planning and monitoring will ensure the necessary capacity of new services is in place before any changes to existing services."

However, your decision on the future of the South London Trust and Lewisham Hospital does not appear to be based on and derived from the Coalitions own policies which require this major service changes to:

- 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.

Will you be kind enough to let the Forum have full and detailed answers to the questions and issues raised above, and ensure that all of the issues we have raised in relation to the impact on the emergency ambulance services for patients who are critically are properly and fully examined?

Malcolm Alexander



Chair
Patients Forum LAS

Copy to: Sir Bruce Keogh and Ann Radmore

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