

ATTACHMENT TWO - DETAILED STATEMENT

Lewisham People's Commission of Inquiry

29 June 2013

FIRST DRAFT/WITNESS STATEMENT OF MALCOLM ALEXANDER

I, MALCOLM ALEXANDER, of 30c Portland Rise, London N4 2PP, Chair of the Patients Forum for London Ambulance Service, vice chair of Action against Medical Accidents (AvMA), a leader of the Healthwatch and Public Involvement Association [HAPIA], and former Chief Officer of Southwark Community Health Council 1987 -2003, former Director of the Association of CHCs for England and Wales and former lecturer at Westminster University and I will say as follows:

- 1) I make this statement for the purposes of the Lewisham People's Commission of inquiry, which is to be held on 29 June 2013.
- 2) I am able to attend and give evidence. If unable to attend, I agree to my statement being considered by the Inquiry.
- 3) My particular focus is upon the London Ambulance Service (LAS), emergency and urgent care services. I have been a member of the Patients' Forum for the London Ambulance Service, which has monitored the LAS for 10 years.
- 4) Securing sustainable NHS services in south London

I wrote to Jeremy Hunt the Secretary of State for Health on January 20th, February 18th and April 4th 2013, as Chair of the Patients' Forum for the LAS asking him if he has fully considered the impact of substantially downgrading the highly effective and successful A&E Department at Lewisham Hospital. I was concerned about the provision of emergency care for people who live in Lewisham and more generally in south east London. I suggested in my letter that the Secretary of State's decision could have an untoward effect on the care of people requiring emergency treatment and could put great pressure on other A&E Departments, especially on King's College Hospital. I suggested to the Secretary of State that his decision to downgrade Lewisham A&E could result in considerable harm to the safety and clinical care of seriously ill patients.

5. Current pressures on the LAS

In my letters, I asked the Secretary of State to consider the impact of his decision to run down Lewisham A&E 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. This demand has been so intense, that front line staff training has been cancelled, and less seriously ill, but vulnerable patients are sometimes having to wait hours for a category C response.

I reminded the Secretary of State that staff shortages in the LAS had been identified by the CQC in November 2012, and that he had not considered the impact of longer journey times as a result of the running down of Lewisham A&E on the effectiveness of the LAS in relation to the provision of effective emergency care. That is to say that longer journey times reduce access to emergency ambulances, because there is less capacity for new emergencies.

I also pointed out to the Secretary of State that he had not considered the impact of increased journey times and increased number of patients transported, together with a greater number of self-presenters, to a reduced number of fully functioning A&Es. I suggested to the Secretary of State that without additional front line staffing and considerable infrastructure improvements, the consequence of these pressures on the LAS would be extended turnaround times and consequently, reduced ability by the LAS to meet the next call, which might be life-threatening.

6. Resource Implications

I suggested to the Secretary of State that he had not considered and calculated the resource implications for the LAS, of downgrading Lewisham A&E. I stated that the LAS contract is funded to a specific level of activity and that it is neither adequate nor appropriate for him 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.

7. Emergency care - Heart, Stroke and Major Trauma

I also raised issues with the Secretary of State concerning the use of specialist centres for cardiac, stroke and major trauma service and suggested that he had not considered the major impact on the ability of hospitals in the south east London area to provide adequate care for these critically ill categories of patients. I suggested that the Secretary of State had 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, e.g. that King's College Hospital A&E is already under great pressure and has no space to expand. I suggested to the Secretary of State

2 significant staff shortages

^{could not}
that he ~~cannot~~ assume that other A&E departments could readily adjust to meet the extra demand resulting from the contraction of Lewisham A&E and that the consequences could be dire for the most seriously ill patients.

8) Ambulance delays for patients with time critical needs

I suggested to the Secretary of State that he had 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. I suggested that he had not understood that this will result in patients with time-critical needs being delayed, longer journeys for some patients and vital minutes lost and that longer journeys will result in longer response times for other patients.

9) Patients whose needs are not time critical

I also raised with the Secretary of State the problem regarding current unacceptable delays for patients who do not have life-threatening conditions, but are seriously ill. I explained to him that these patients may be elderly and vulnerable, perhaps with a broken hip, or suffering from a wide variety of conditions including mental health problems, dementia and less severe bleeds and trauma. I suggested that many of these patients will be in severe pain, distressed and that their condition may deteriorate due to delay. I stated that it did not appear that he had considered that the care of these patients ^{will} be affected, 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.

10) Failure to assess impact

X (I suggested to the Secretary of State that he had not understood that the TSA made far reaching proposals without carrying out an accurate impact assessment and that the recommendations have not been thoroughly tested with provider Trusts and commissioners of emergency ambulance services. I suggested that the impact on the LAS has not been adequately assessed in terms of either clinical care or funding and asked him how he could expect the LAS to absorb the additional demand from patients who are seriously ill and guarantee effective and timely services, without understanding the full consequences or costs involved.

11) Questions to the London Ambulance Service

I also asked Ann Radmore ^{→ CE LAS} on February 28th 2013 whether there would be additional costs for the LAS as a result of the proposals for Lewisham Hospital. In reply she told me that

"It remains too early to tell with any certainty what additional costs there will be for LAS as a result of reconfiguration affecting Lewisham ED. We have secured a commitment from commissioners that any additional resource that LAS requires as a result of reconfiguration will be modelled on a case by case basis to take account of increased journey times and increased activity as a result of the reconfiguration and will be funded as part of the reconfiguration arrangements".

12) Transit Time Modelling

I asked Ann Whether the LAS is satisfied with the transit time modelling in relation to Lewisham Hospital? She replied that:

"The LAS will commission bespoke modelling to assess the impact of any additional journey time as a result of reconfiguration once the final detail of the reconfiguration is known".

I am certain that there has been no accurate modelling of LAS services in relation to the need to meet any resource implications to ensure patients safety and meeting of Category A and C targets, in relation to the Lewisham Hospital proposals.

M. Alexander

- Meets = Tionna Moore
- Lizzy Bovill
- Margaret Luce

Clinical meeting
restarted

last week

QHR study re Phase 1 arm