

Councillor .....

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Dear Councillor.....

**PLANS TO REMOVE ALL ACUTE SERVICES FROM ST HELIER AND EPSOM HOSPITALS**

In December 2015 NHS England quietly announced another top down reorganisation of the NHS, whereby England was divided into 44 Areas or "Footprints". Within each Footprint, Hospital Trusts, Clinical Commissioning Groups (CCGs) and Councils were meant to work together to produce a so-called "Sustainability and Transformation Plan" or STP for their own area.

The 44 "Footprints" were jointly instructed to hastily devise plans to cut NHS spending by £23 Billion by 2020. Our Footprint is SW London, and has six CCGs, six councils and Five Acute Hospitals.

They were told that they had to make nearly £1 billion of cuts to local NHS spending by 2020.

Most Plans that emerged involved cuts in treatments, prescriptions, operations and referrals GPs could make. The major money saving element in the SW London STP, was to reduce the number of acute hospitals we have from the current five - St Georges, Croydon, Kingston, St Helier and Epsom - to four or even down to three.

An "Acute" Hospital was identified as one offering A&E, Maternity, Paediatrics (Children's), Intensive Care, Emergency Medicine, Emergency Surgery, Cancer Care and Coronary Care.

It was clear in the SW London STP, or "Five Year Forward Plan", that St Georges was safe and that St Helier and then Epsom were the primary targets.

The Epsom and St Helier Trust have recently carried out a "Public Engagement" on their proposal to remove ALL acute services from BOTH Epsom Hospital and St Helier Hospital.

They offer only the POSSIBILITY that they MIGHT provide a facility at a SINGLE location instead of the TWO hospitals at which the acute services are currently provided, but only IF:

- a. They can get the approval of NHS England and NHS Improvement' to build such a unit and IF
- b. They can borrow over £400 million - possibly in the form of an expensive PFI or PF2 and IF
- c. They get planning permission and IF
- d. The six Clinical Commissioning Groups all agree these plans and IF
- e. All the Councils in SW London endorse them.

The Trust have not specified at which of 3 sites such a facility might be built. They say it could be at Epsom Hospital, St Helier Hospital or co-located with the Royal Marsden in Belmont.

The Trust has only pledged that acute services at Epsom Hospital and St Helier Hospital are safe until 2020. They have said that any substitute unit, if built, could not open before 2024. They are now saying it could be as late as 2026. We are therefore looking at a 4 year, 6 year or even a permanent gap in acute service provision.

The Trust currently serves a population within its catchment area that will have grown to about 700,000 by 2020. The affected population will be even greater than 700,000 by 2024.

In the plan they intend to serve only 418,000 people if the new facility is incorporated into the Marsden, 369,000 if it is at St Helier and a mere 295,000 if it is built at Epsom.

The other three SW London acute hospitals routinely have excessive, unsafe bed occupancy rates and cannot cope with current demand, let alone the thousands of additional people to be abandoned under each of the Trust's plans.

It is therefore clear that the plan embodies a major reduction in overall NHS capacity and accessibility that will place patients throughout SW London at risk.

If such a unit were ever built, it would have many fewer acute beds than are currently available in the two hospitals. At most it would have 500 acute beds as compared with the 759 we had in 2015.

All 3 options involve a reduction in beds per thousand people served, to, at best, about 1.2 beds per 1000 people. Half (49%) of these could be private, leaving only 0.6 per 1000 for NHS use. Germany has 8 and France 6.

This winter has seen St Helier Hospital using Children's and Elective Surgery beds to cope with the demand for adult acute patients. If we only had 500 or fewer acute beds on a single site, then that flexibility would not be available.

We have all seen the crisis in A&E with missed 4 hour targets, people waiting in ambulances and lined up on trolleys in corridors. This is not just a winter crisis. It is now a year round crisis with bed occupancy routinely well in excess of safe levels.

The President of the Royal College of Emergency medicine has said that these STP closure plans are "potentially catastrophic" and put lives at risk. **We need more beds, not fewer.**

68 A&E consultants have written to the Prime Minister complaining about excessive trolley waits, through bed and staff shortages with patients dying prematurely as a result.

Paramedics are having either to abandon patients without handing them over to the hospitals, or to seriously delay their availability to travel to the next emergency patient. These plans will make matters much worse.

The proposed single acute unit would mean longer journey times, in emergencies, for most people, including longer waits for overstretched ambulances. This could have a serious impact on outcomes and people could die. Mothers and their babies could suffer serious harm or even death if an emergency crash caesarean is needed and journey times are increased.

These plans should, at the very least, be subject to proper scrutiny in Council Scrutiny Committees. If these plans are allowed to progress without full public and Council scrutiny, and are simply rubber stamped by the Council's Health Scrutiny & Overview Committee and Health & Wellbeing Board without proper knowledge or understanding of their content and consequences, then Councillors will have failed to carry out due diligence in protecting local health provision and the NHS on behalf of the public they are elected to serve.

Many Councils have refused to endorse their STPs, including our neighbours in West London (Hammersmith and Fulham and Ealing Councils). This has the potential to block STP implementation. Our Council has the power, and duty, to block imposition of the STP in South West London.

I call on you as my elected representative to do all in your power to ensure that the Council refuses to sign off the SW London Sustainability and Transformation Plan.

I ask you publicly to call on the Council to block these dangerous plans to remove acute services from our two local Major Acute Hospitals.

**The electorate will not forgive any Councillor or MP who allows our local Acute Hospitals and the NHS in general to be destroyed in this way.**

I look to you publicly and vigorously to fight against any acceptance of the Trust's proposals, and to fulfil your duty to your constituents by protecting the best and most cost effective health service in the developed world - Our NHS.

Yours Sincerely