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Dear ..... MP

**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. involved cuts in treatments, procedures, operations, prescriptions, and hospital referrals GPs could make.

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 just 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 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 and St Helier Hospitals.

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

- a. They can get NHS England's permission 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 CCGs approve the plans and IF
- e. Councils in SW London endorse these plans

They 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, would not open before 2024. They are now saying it could open as late as 2026. We are therefore looking at a **4 year, 6 year** or even a permanent gap in acute service availability.

This is not acceptable.

The Trust currently serves a population within its catchment area that will have grown to about 700,000 by 2020. They plan to serve only 418,000 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 affected population will be even greater than 700,000 by 2024.

The other three SW London acute hospitals routinely have excessive bed occupancy rates and cannot cope with current demand, let alone the additional people that will be abandoned by **all** 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 significantly greater risk.

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

All 3 options the Trust proposes, involve a further reduction in our already low ratio of hospital beds per thousand people / population. At best it would be about 1.2 beds per 1000, 49% of which could well be private. That would leave only about 0.6 per 1000 NHS beds. Germany has 8 per 1000 people, and France 6 per thousand.

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. Already Croydon hospital and St Georges hospital frequently send A&E patients to St Helier when they are over-capacity.

We have all seen the crisis in A&E services with missed 4 hour targets, people waiting in ambulances and lined up on trolleys in corridors, sometimes for 12 hours. 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.

68 A&E bosses have written to the Prime Minister complaining about excessive trolley waits and patients dying prematurely as a result of lack of beds and staff.

Paramedics are distraught at 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.

The proposed single acute unit would mean longer journey times for most people, including longer waits for overstretched ambulance services. This could have serious impacts on outcomes and people could die. In particular mothers and their babies could suffer serious harm or even death if an emergency/crash caesarean is needed and journey times are increased.

Hospitals that lose acute services, a major source of income, can quickly be declared "financially unsustainable" and closed completely. This would be a disaster for you and all of your constituents

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 Health and Wellbeing Board without proper knowledge or understanding of their content and consequences, then the peoples' elected representatives will have failed to carry out due diligence in protecting local health provision and the NHS on behalf of the public.

Many MPs and Councils have refused to endorse their STPs, including our neighbours in West London (Hammersmith and Fulham and Ealing). This has the potential to block STP implementation.

Our Council has the power to block imposition of the SW London STP and **you** have a major influence on these decisions.

**I call on you as my elected representative to do all in your power** to ensure that these **potentially catastrophic** plans are rejected in their entirety, and that we must keep both of our Major Acute Hospitals in the communities they were built to serve.

**The local and national electorate will not forgive any MP or Councillor who allows our local 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 to destroy our two acute hospitals, and to fulfil your duty to protect the best and most cost effective health service in the developed world - the finest creation of any nation - OUR NHS.**

Yours Sincerely